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ADAPTATION OF ELDERLY PEOPLE TO SEGREGATED HOUSING

by

© LORRAINE BREAULT

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

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ABSTRACT

The purpose of this study was to determine whether or not socializing mechanisms described by Irving Rosow developed in a homogeneous residence for the aged. The researcher speculated that family bonds precluded the formation of vital peer groups. The study was a descriptive, qualitative inquiry.

Twenty respondents provided the data for the study by means of a semi-structured interview. Each interview was audio taped and main statements were transcribed to produce a profile on each individual. From the profiles, significant statements were extracted and grouped thematically. The themes were finally utilized to describe the experience of living in segregated housing.

The results support the hypothesis that elderly individuals who are enmeshed with their family members do not seek to socialize with peers despite the concentration of socially similar older individuals within a residential setting.

Rosow predicted that eight socializing mechanisms associated with peer groups would develop within a homogeneous residence for the aged. Evidence was found to support the existence of only three mechanisms. These included group support, identification with a positive reference groups and insulation of group members against devalutation by non-members.

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To the residents of St. Andrew's Centre, I wish to express my sincere gratitude. Their enthusiasm, kindness and candor have taught me something essential about the integration of our personal humanness.

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I. INTRODUCTION

During the past twenty years, knowledge about the biological, psychological and social processes associated with growing old has increased steadily. Gerontology, the scientific study of the processes and phenomena of aging, is one of the few academic growth industries in higher education (Hess & Markson, 1980). Until recently, most of our concepts concerning the mental health of the elderly were rooted in common sense and cumulated experiences rather than data. The dramatic increase in the number of older people in our society due to the great achievements of modern technology, created a situation in which intuition and metaphors were no longer sufficient to deal with the growing number of problems associated with aging. As a result, a rapidly developing field of study has emerged accompanied by a number of problems related to direction, definition and subject matter which need to be worked through. The most salient concerns in this discipline include health, retirement, death and bereavement, learning, sexuality, the physical environment, personal adaptation to aging and family relations of the elderly. This thesis has been focused on the two latter concepts.

A. Purpose

The ultimate purpose of this study was two-fold:

1. to determine whether or not socializing mechanisms necessary for proper adaptation to old age as proposed

by Rosow (1977) developed in a residential setting of socially similar older people

2. to determine if adaptation to a segregated residence differed for those elderly people who remained in close contact with family members.

Because the number of social roles and relationships decrease dramatically for the elderly, Irving Rosow (1977) believes that this situation both reflects and reinforces the established cultural value of a general youth-orientation in our society. Two conditions, he maintains, are necessary to overcome this cultural bias and to develop norms and roles to which older people might be socialized. These conditions are

1. the reduction of contact and weakening of ties with younger people
2. the concentration of socially similar older persons within a local setting, preferably residential (1977, p. 156).

Under such conditions, a cohesive group should develop and the following socializing mechanisms would be evident (1977, p. 163)

1. Group Support - Rosow believes that for proper adaptation to a group, support from that group is essential. The more secure one is in the group, the more support the group can provide.
2. New Group Membership - Because the elderly person has lost many former roles, his adaptation to the status of

old age may be stressful and anxiety provoking. Belonging to a new group may make the transition to old age less traumatic.

3. New Role Set - Shared attributes and social homogeneity provides the elderly person with role models with which he can identify. New friends replace lost friends and often neighbors become closer friends than those who are not.
4. Role Specification - Because society clearly lacks norms to which the elderly can socialize, peer groups can be an aid in solving adaptive problems as well as providing patterns for activities and relationships.
5. Positive Reference Groups - Belonging to a group which has a positive status can help consolidate self-image. This requires the internalization of norms.
6. Insulation of Members - The group can shield the individual from indifference and devaluation outside the group.
7. Qualified Role Models - Those who have successfully faced the problems associated with old age can become leaders or admired group members which are real, average and personal rather than elusive, exceptional models such as Albert Schweitzer or Margaret Mead.
8. New Self-images - Proper socialization can make possible and ease the genuine acceptance of one's age.

B. Importance of The Study

The dramatic increase in the aging population during the twentieth century has had a profound effect on society as a whole and on the individual. Never before in history have there been so many old people. In 1971, persons 65 years and over constituted 8.1% of the total population. Older people are expected to represent 12% of the population by the year 2031 (Fales, MacKeracher & Vigoda, 1981). These figures are slightly higher in the United States (Atchley, 1980). Normally, rules of behavior arise out of social conventions of a particular time. These formalities sometimes persist over time and are perpetuated as ritual behaviors and stereotyped attitudes without considering the changing social conditions. Such a situation has occurred in our society with respect to the roles of the aged (Brody, 1970). Rosow (1977) has stated that changing social conditions have left older people disadvantaged in comparison with younger generations. First, he maintains that the aged are generally devalued. Younger cohorts tend to be indifferent or even reject the elderly. Secondly, the aged are stereotyped. Rather than being viewed as individuals, they are seen as representing an age group. Thirdly, they do not have equal opportunities to participate in social activities and are therefore relatively isolated. Fourth, the loss of roles from family and work has left them alienated, with lower prestige and status. Fifth, ambiguity towards roles and responsibilities have left the aged quite

demoralized. Finally, the aged find it very difficult to acknowledge that they are old. They struggle to preserve self-esteem through youthful self-images. Rosow (1977) goes on to state that it would be unrealistic to believe that in the short-term future the aged would be more tightly integrated into our society.

To counteract the effects of these social conditions, Rosow believes the elderly should be insulated from other age groups and their association with age peers increased. Two conditions are essential in order to achieve this: the weakening of ties with younger people, and the concentration of socially similar older people within a residential setting. Such arrangements, says Rosow, would "reduce the effects of conflicting reference groups and ease the strain of their discrepant self-images and crumbling status" (Rosow, 1977, p. 156). According to this theory, one of the outcomes of concentrating the aged in a homogeneous residential setting is to insulate them from the adverse effects of the weakening of kinship and other external ties. The present study has attempted to determine, if in fact, kinship ties of the selected sample have diminished and if they were substituted by strengthening peer relationships.

The prescription proposed by Rosow to improve conditions for the elderly appears to be oversimplified and idealistic. Numerous variables interact to influence the lives of people. Since each elderly person is a complexly unique individual, with varied backgrounds and diverse

personal experiences, it is difficult to accept the proposal that strong cohesive peer groups can emerge in a segregated environment. Established life patterns, family ties and long-term friendships would logically take precedence over new group memberships.

Rosow's theory appears to be largely based on the "adjustment approach" which requires that individuals aspire to a model of living based on expectations and demands of others in society. The underlying goal of this model is to develop a national character where specific forms of family organization and education foster specified beliefs. In this approach only a minimal amount of deviance is tolerated. The trap in this theory is that it stresses a kind of depersonalized conformity to group standards, ignoring the necessity of acknowledging individual uniqueness.

Implicit in Rosow's theory is the concept of determinism. Conditioning the elderly to think in certain ways, to value certain things and to respond to the environment in certain ways without being totally aware of the changes constitutes determinism. If one accepts this position, the likelihood that attitudes concerning the elderly will change is diminished. When we attempt to take away individuals' perceived right to be self-determined, we interfere with their right to integrate their own personality in their own way. Hence, they go along unconsciously conforming to the master plan, yet resenting the controls imposed upon them.

Through the present study, the researcher hoped to uncover the elderly person's view of life within a segregated residence in order to compare these views with those proposed by Rosow.

Judging from the multiplicity of homogeneous residences in the city of Edmonton, there exists considerable support for Rosow's point of view. There are basically two types of homogeneous accommodations in the greater Edmonton area for the aged who are active and healthy. The first type is the lodge accommodation. This residence is designed for persons who are able to care for their daily needs but find, for some reason, meal preparation and house-keeping duties to be a burden. It is a hotel-like accommodation offering single or double rooms, meals, linen, laundry services and recreational facilities. A total of seventeen such lodges already exist and one is presently under construction. The second type of residence is the self-contained apartment or cottage. These units are designed to provide apartment type accommodation for senior citizens at rents they can afford. These are fully self-contained units designed for residents who are mentally and physically self-sufficient. Presently, there are sixty-one such apartment buildings, fifteen under construction and four in the planning stages averaging approximately sixty units per building (Housing Registry, 1983).

The residence chosen for this study was St. Andrew's Center which contains three hundred and fifteen

self-contained apartments. This particular residence was selected because the occupants are socially homogeneous on factors other than age thereby facilitating social bonds. The majority of the residents are middle class and single (Housing Registry, 1983). Single, in this instance, does not mean never married but rather that at the present time they do not have a spouse. St. Andrew's Center is also affiliated to St. Andrew's Catholic Church and consequently a large proportion of the residents are members of this church. This residence satisfied the necessary conditions for proper socialization as described by Rosow.

Logically, there are numerous benefits which could acrue to residents of homogeneous accommodations. Normal group supports could partially compensate for the inevitable loss of social roles related to family and work. The group could also provide a buffer against the abrasion of the social reality that they are becoming increasingly dependent on local resources.

There is of course no assurance that a high concentration of aged individuals would necessarily produce a cohesive group and have a significant effect on the lives of its members. Up to now, sparse research has been carried out on the effects of these homogeneous residences. If, as Rosow describes, the group does replace the loss associated with changed family roles as well as become a major source of support, the aged person living in a homogeneous accommodation would be less dependent on his/her children

and siblings for meeting such needs. This study may shed some light on the whole area of support systems of this particular population.

The family has long been regarded as the social institution to deal with the psychological, physical, social and economic problems of the elderly. It has accomplished this through a number of measures. First, families were often directly involved in meeting needs resulting from the normal dependencies of aging. Secondly, the social interaction occurring between family members provided direct input to one's sense of self. An individual's performance was continually evaluated by members of the family group and a positive sense of self, according to many personality theories, is dependent on reinforcement through social interaction (Bengtson & Treas, 1980). Thirdly, through the roles of parent and grandparent, families provided a context within which changes associated with aging had meaning.

Within the last fifty years however, a number of significant changes have occurred which seem to have altered some basic assumptions related to the family.

Because of the geographic mobility of the Canadian population, it is commonly believed that the adult children of the elderly live at great distances from their aged parents and therefore see them only rarely (Fales, MacKeracher & Vigoda, 1981). A second assumption states that the elderly have infrequent contact with their family members because of alienation. Aged individuals feel that

they do not belong or have a fit place in society. This feeling is often accompanied by anxiety and sometimes by resentment or hostility. The predominance of the nuclear family over the extended family also adds to the sense of alienation for the elderly (Shanas, 1979). Finally, it is assumed that because of the remarkable growth of social service agencies, the traditional role of the family as the major source of support for the elderly has diminished (Bengtson & Treas, 1980).

Rather than merely reflect some of the popular beliefs related to interaction between the elderly and their family members, it was the task of this study to challenge these by petitioning the opinions of the aged themselves on the matter of family relationships. The researcher hypothesized that the elderly person who remains in close contact with family members would not seek the support of a strong peer group. Therefore the quantity and quality of interaction between family members was vital information for this study.

The paucity of descriptive studies concerning this interaction may be a factor contributing to the still common image of the lonely older person, isolated and abandoned by family members (Weeks & Cuellar, 1981).

C. Limitations

1. The study, having been set up as an idiographic survey, using a structured interview should be considered in the descriptive sense.

2. Because the homogeneous residence being surveyed restricts accommodation to healthy, self-sufficient individuals, generalization of results to the impaired or handicapped elderly may not be meaningful.
3. Due to the large sample size, interviews had to be limited to one half day.

D. Definitions

Homogeneous residence:

The researcher has used this term to refer to a building which consists of individual living units for senior citizens only. Segregated housing has been used synonomously in this study.

Senior citizens:

This term refers to any individual 65 years and older. Old, elderly and aged refer to the same population.

E. Organization of the Thesis

Following the introduction of the nature and purpose of the thesis in the first Chapter, a review of the related literature was presented in Chapter II. This chapter also included a brief summary of the major social and psychological theories of aging. Chapter III constituted a detailed description of the questionnaire developed to assess socialization to the reference group and family interaction as well as the theory on which it was based. The

information gathered from the interviews was compiled and presented in Chapter IV. Finally, the considerations to be drawn from the findings as well as the implications for further research were presented in Chapter V.

II. BACKGROUND TO THE STUDY

A. Introduction

In recent years, the science of gerontology or the study of the elderly and the process of aging has expanded to include biological, sociological and psychological aspects. The interest in aging seems to stem largely from the fact that the proportion of old people in our society is much larger than it used to be. In 1900 only four percent of the American population was over 65 years whereas by 1975 this group constituted over ten percent of the population (Treas, 1981). In general, Western society has had a rather negative attitude toward the elderly. The presence of disability and powerlessness seems to be related to an almost universal desire to avoid the exploration of our own aging (de Beauvoir, 1972). This systematic stereotyping of and discrimination against people because they are old is called ageism (Butler, 1977). It allows younger people to view older people as different from themselves and hence cease to view them as human beings. Problems associated with this group can be therefore more easily ignored. Fascinatingly, more and more old people are becoming active and visible in their demand for their fair share in our society and are becoming more difficult to ignore.

B. Psychological Theories of Development

The search for age-related regularities of adult lives has been a goal of personality research for the last forty years. It is believed that, through studying life histories, phases or stages of adult development may be identified. Amongst the major theorists certain similarities have emerged. These similarities include a tentativeness and vigor in early adulthood, greater assumption of roles and responsibilities in middle adulthood and a questioning of commitments and reintegration in late adulthood. What the theories have failed to convey are the tremendous variations found within adult life patterns. Following is an array of psychological theories selected because they present basic concepts concerning adult development and encompass life to its end.

Jung

Jung saw life as divided into four stages (Hall & Lindzey, 1970). The first stage begins at birth and lasts until sexual maturity. The second stage, youth and young adulthood, is for Jung the period of "psychic birth" (Hall & Nordby, 1973) where the psyche begins to take shape and is faced with problems, decisions and the necessity for making adaptations to social life. The next stage, middle age, is one which few psychologists have ever tried to define. Two-thirds of Jung's patients were in this stage and he was therefore forced to examine this period more closely. It

begins somewhere between 35 and 40 years and requires that one recognize certain spiritual values which have, up to that time, been neglected. Energy which has been previously invested in interests which were necessary for attaining a position in society must now be redirected into values that will broaden horizons for that person beyond purely materialistic considerations. These horizons are spiritual and cultural. This transition could be described as a move from adaptations to the external world to adaptations to one's inner being. The final stage of development is that of extreme old age. During this period, Jung believed that the person is submerged in the unconscious, much like the period of childhood, and eventually vanishes within it. Jung even goes so far as to explore life after death in which he speculates that this is another stage of individuation of the psyche since the psyche has not attained complete self-realization (Hall & Nordby, 1973).

Jung was the first theorist to distinguish between personality types characterized by extroversion, the tendency toward preoccupation with the external world and introversion, the tendency toward focusing upon the inner self and withdrawal (Hall & Lindzey, 1970). Focusing on this distinction, Jung suggested that a natural movement toward introversion would be exhibited by individuals as they grow older and enter later maturity. He also suggested that as a person ages there will be a natural restructuring of values. What was valued and prized during youth no longer holds the

same attraction for the aging individual (McKenzie, 1980). This theory has its counterpart in the social theory of disengagement discussed later on.

Jung sees some deep-seated and peculiar changes within the psyche in old age(Jung, 1930). There is a tendency for persons to change into their opposites, especially in the psychic realm. For example, he suggests that older men become more feminine and older women become more masculine. In his discussion, he compared masculinity and femininity and their psychic components to a "definite store of substances of which in the first half of life, unequal use is made" (Jung, 1930). Unfortunately, this transformation was considered by Jung to be a loss of femininity or masculinity and not a gain in humanity. In general, he argues that we cannot live the afternoon of life according to the program of life's morning for what was great in the morning will be of little value in the evening (Kessler, 1980).

> The afternoon of human life must also have a significance of its own and cannot be merely a pitiful appendage to life's morning. The significance of the morning undoubtedly lies in the development of the individual, our entrenchment in the outer world, the propagation of our kind and the care of our children. This is the obvious purpose of nature. But when this purpose has been attained--and even more than attained--shall the earning of money, the extension of conquests and the expansion of life go steadily on beyond the bounds of all reason and sense? Whoever carries over into the afternoon the law of the morning--that is, the aims of nature--must pay for so doing with damage to his soul... (Jung, 1933, p. 109).

Jung argues that many people reach old age with unsatisfied demands thus they try to hang on to the first half of life, clinging to youth instead of looking forward. It is essential for us to have a goal in the future, he suggests, and it is for that reason that all the great religions hold out the hope of an afterlife. By turning inward in the second half of life, the individual is able to find a meaning and wholeness in his life that makes it possible to accept death.

Eric Erikson

Erikson, influenced by psychoanalytic theory, has devised a system describing ego development as progressing through eight stages. In each of these stages, crises occur and how these are resolved determines the course of ego development. In contrast to Freud who stresses biological determinants, Erikson looks to cultural and societal influences. During childhood, the child develops a trust or mistrust in others, belief or doubt in his ability to cope with his world, a sense of awareness of his own initiative and a belief of his own competency. As an adolescent, he must deal with his sexuality and the ability to maintain inner sameness and continuity or suffer from role confusion. The final three stages deal specifically with adult development. The sixth stage, spanning approximately the years from twenty to forty, involves a crisis between intimacy and isolation. During this period, people must

resolve the identity crisis of the previous stage before they can achieve true intimacy with another person. Allowing another person to enter one's private world requires the willingness to risk temporary ego loss in emotionally demanding situations (Papalia & Olds, 1981).

The seventh stage, generativity *versus* stagnation, begins at about age forty. Erikson defines generativity as concern in establishing and guiding the next generation regardless of whether or not you have offspring of your own (Erikson, 1963). Those who do not develop this part of themselves stagnate. They indulge themselves as if they were their own children.

The final stage, ego integrity or despair, is concerned with the evaluation of one's life. Ego integrity or love of the ego, implies an acceptance of the life one has lived as well as the acceptance of approaching death as the inevitable end to a life lived as well as one knew how. This requires being aware of the positive and negative aspects of identity but not being threatened by this knowledge (Erikson, 1963). The person who fails to meet this crisis is desperately afraid of death and the resulting emotion is despair. The despair arises out of the realization that the time is now too short to attempt another start in life to try new roads to integrity. It is important to realize that Erikson's crisis stages represent critical periods during which certain issues become salient for the individual but they are not meant to be discrete, age-related segments of

the life span.

Robert Peck

Expanding on Erikson's stages of ego development, Peck specifies four psychological developments as critical to adjustments in middle age (Peck, 1968). The first development is valuing wisdom rather than physical powers. Wisdom is defined as the ability to make the best choices in life. During the period between late thirties and late forties well-adjusted people appreciate that the wisdom they now possess more than makes up for their diminished physical capabilities. A second development is that socializing in human relationships becomes more important than sexualizing. Friends are valued as individuals rather than sex objects. Thirdly, the ability to shift emotional investments from one person to another and from one activity to another becomes important since this is the time that most people begin to experience losses in relationships because of death and maturing and independent children. A last development in middle age crucial to successful adjustment is mental flexibility. Although many have worked out solutions to life's problems, the ability to remain flexible in the face of new experiences and ideas rather than be controlled by previous solutions is vital to successful aging.

Expanding on Erikson's theory of ego development in late adulthood, Peck (1968) proposed three major crises that old people must resolve for healthy psychological

functioning. The first crisis concerns the issue of worth as a human being beyond the work role. Thus the more successful one is at finding attributes about themselves in which they can take pride, the more successful they are at maintaining a strong sense of self. The second crisis involves body transcendence *versus* body preoccupation. People who have emphasized physical well-being as the nucleus of a happy life may be plunged into despair in old age. Satisfaction from relationships and absorbing activities which do not require a perfect state of health needs to be the focus during this stage of life. The third crisis deals with the reality of death. Acquiring a positive view of one's coming death is achieved by recognizing the significance of the contributions one has made to society and the relationships in which one has participated.

Charlotte Buhler

Charlotte Buhler (1968) proposes a five-phase theory of human development which focuses on setting and attaining personal goals and living one's life according to the intention to pursue these goals. This theory of "intentionality" proposes that during the first phase of childhood (until age 15), most people think about the future in very vague terms. In the next stage, adolescence and young adulthood (15 to 25), humans begin to grasp the idea that their lives are their own and commence evaluating their needs and potential. From age 25 to 50, goals become more

definite as they are set and developed. The ideal during this period is a time of rich personal life including marriage, children, career and good friendships. In actuality, people are unable to overcome all the numerous obstacles which arise and interfere in their efforts to settle down. Such hindrances as choosing the wrong career or marriage partner, experiencing emotional conflicts or financial crises prevent the majority from achieving the ideal. Experiences of success will help a person achieve goals while failure can be cripplng.

The fourth phase occurs from about 50 to 65 years. In the course of this period, healthy individuals assess their past and revise their planning for the future taking their job status, physical condition, and personal relationships into consideration. Immature people, on the other hand, avoid taking stock of their lives and fail to make decisions effectively.

Old age, beginning at about age 65, is the fifth and final stage of human development according to Buhler. This period allows most people at a time of rest from concentrating on achieving goals. If they are healthy and economically stable, they may enjoy such leisure activities as travel, hobbies or volunteer work. The psychological task associated with this period is to sense the totality of one's life. Some feel a sense of fulfillment while others feel despair and depression. In her studies, Buhler found that neither of these extremes actually existed. There

seemed to be a combination of partial fulfilment tempered by disappointments involving a certain resignation (Papalia & Olds, 1981).

Other Theories of Development

There are several other theories of development encompassing adult life to its end which deserve mention in this report. E. Frenkel-Brunswick, a student of Buhler's, also saw life as being divided into five stages but disagreed on intentionality and goal pursuit as the central motivating forces. Instead, she saw life as a gradual unfolding of potentiality followed by a gradual but inevitable decline leading to depression and contraction of interests and ability (Frenkel-Brunswick, 1963).

Robert J. Havinghurst (1953) proposed a theory of development describing specified tasks which must be achieved sequentially throughout the life span. These tasks range from learning to communicate early in life to developing leisure time activities in mid-life.

Maslow subscribed to the theory that human behavior is motivated primarily by the individual's seeking to fulfill a series of needs of which he identified two types. The first type he labelled deficiency needs which included the need for food, drink, air, shelter, sleep, sex and safety. A second cluster of needs called "being values" or growth needs, designate a vague area rather than a sharply defined concept and include such elements as truth, goodness,

individuality, aliveness, justice and order (Maslow, 1962). Physiological and safety needs are hierarchical whereas growth needs are all of equal importance. The highest level of development, self-actualization, is thought to be reached by possibly one percent of the population and the stages of development are only faintly age-related (Thomas, 1979).

The theories of development provide a useful outline for understanding the human life cycle. They indicate some of the ways in which the second half of life differs from the first as well as sensitizing us to some of the norms and central issues during the adult years. However, these theories tend to be general and idealistic. They do not allow for the interaction of cultural differences, sex differences and social class differences with the developmental progression (Kimmel, 1974). The theories tend to describe successful aging as defined by a middle class society. Caution must be taken in applying the theories to all persons in all conditions of life.

C. Social Theories of Successful Aging

Disengagement Theory

This theory was developed by Cumming and Henry (1961) from data gathered in a longitudinal study known as the Kansas City Studies of Adult Life. It states that aging is a mutual withdrawal by both the old person who experiences a desire to cut down on activities and commitments and by

society which forces retirement and encourages segregation by age. Morale is high, according to this theory, since the old person welcomes this withdrawal from both people and roles into increased introspection. Disengagement is a normal process which helps the elderly maintain their equilibrium and is beneficial to both the individual and society. The individual who seeks to remain active in work, social relationships and community activities creates problems for himself and his environment and risks experiencing very low morale. This functionalist theory has generated considerable research over the years but much of it has failed to support predictions made by Cumming and Henry. Cowgill and Holmes (1972) make the point that this phenomenon does not exist in primitive societies where the aged remain fully engaged in less physically demanding roles until death and is therefore not universal. Lieberman and Coplan (1970) concluded that disengagement is probably a short process occurring about two years before death. They measured engagement among eighty year olds and went back two years later to compare levels of those who had died and those who had not. Results showed that people who showed showed signs of disengagement died while those who had not survived. Hochschild (1975) contends that disengagement theory is a rationalization on the part of a society that wants to justify a lack of attention to the needs of old people.

Activity Theory

Activity theory seems to be the most popular theory amongst those who work with the elderly. According to this theory, the more active old people remain, the more successful they are at the business of aging. Morale is high as long as one is involved in as many roles and relationships as possible. When loss occurs through retirement or death, substitute activities and relationships must be sought (Havighurst *et al*, 1968). Optimal aging, according to this theory, seems to require that people remain middle-aged in character. Those who cannot maintain this active middle-aged role would be seen as unsuccessful agers. Cottrell and Atchley (1969) concluded that very few women over seventy see themselves as more than middle-aged which supports the theory that women, at least, wish to retain middle-age characteristics as much as possible. Lemon, Bengston and Peterson (1972) failed to support the Activity Theory. They categorized three separate types of activity: informal, formal and solitary. Examples of each of these would be social interactions with friends and relatives, participation in volunteer organizations and reading, respectively. After assessing the degree of activity of all people, they concluded that activity in itself had little to do with life satisfaction.

Social Reconstruction Syndrome

Kuypers and Bengston (1973) propose the "Social Reconstruction Syndrome" to break the vicious cycle of negative interaction between a person's self-concept and the environment. They believe that older individuals have identity problems because others around them hold unrealistic standards and label them as incompetent or lacking in some way. In order to break this cycle, three major changes are required. First, the belief that self-worth depends on productivity must be negated. Secondly, social services such as housing, transportation and medical care must be provided to help the elderly cope with life. Thirdly, old people must be involved in decision-making and control over their own lives. Directors and committee members of old age homes should be the elderly themselves.

Role Exit Theory

Blau (1973) proposed this theory as a variant of "Activity Theory". Self-esteem is decreased as a result of loss of roles either by necessity or by choice. Substitutes are required to remedy this situation but if the losses are too frequent or too close in time the results may be too serious to overcome.

Continuity Theory

The ability to continue in habits and preferences built up over a lifetime describes successful aging according to this theory (Neugarten, 1968; Atchley, 1971). The withdrawn, secluded young person will probably be the older disengaged person. The individual, meanwhile, who will be the successful prototype of "Activity Theory" is probably the sociable, outgoing young person. Successful aging according to this theory involves a positive relationship between personality and life style. Biological, psychological and sociological factors may interact to create change in the direction an individual will take therefore the possibilities of variation are limitless. This theory has not generated much research to date because of this difficulty in conceptualizing the theory.

The Adaptive Tasks of Successful Aging

Clark and Anderson (1967) suggest that there are five adaptive tasks which must be accomplished for successful aging. These tasks evolved from the Langley Porter Institute Studies in Aging in San Francisco and include the following:

1. <u>Perception of aging and definition of instrumental limitations</u>

   The individual is required to view the process of aging realistically and understand that certain activities and roles will necessarily be curtailed.

2. <u>Redefinition of physical and social life space</u>

The task involved here is to realize that one no longer possesses the same control over one's environment. In some areas a person may be totally capable, other areas may involve withdrawal and still others may require the delegation of authority.

3. Substitution of alternate sources of need satisfaction
   This task involves a willingness to seek out substitutes for losses without which successful aging cannot occur.
4. Reassessment of criteria for evaluating oneself
   Because our society places such great value on productivity, it is difficult for the retired person to maintain a healthy self-image outside his/her occupational role. The aging person must learn to value himself and others for reasons other than position or productivity.
5. Reintegration of values and life goals
   This task involves the development of meaning and purpose of one's life. Rather than feeling that one is a burden to society, a feeling of belongingness is essential.

Actual Patterns of Aging

An interesting study by Reichard, Livson and Peterson (1962) showed that there are different styles of both successful and unsuccessful aging. Rather than present a theory of adult development, their goal was to describe the

actual patterns of aging found amongst the members of their study group. Eighty-seven men, aged 55 to 84, half of whom were still working, were involved in the study. Five patterns of aging were discerned, three of which were considered successful and two unsuccessful. Some of the men could not be categorized. The successful agers were rated as well-adjusted, effective in overcoming frustrations and resolving conflicts and tended to be social, confident and high in self-esteem. The largest successful group were called the "mature" agers. These men were able to accept themselves realistically, were self-sufficient and found satisfaction in personal relationships and well-developed interests. The second group of successful agers, "the rocking-chair men" seemed to be content in passivity. They welcomed being freed of responsibility and were content to rely on others to meet their needs. "The armored", as the third successful group was named, stayed happy by keeping busy. Although they were anxious about growing old, they defended themselves against it by compulsive activity and keeping tight control over their emotions.

The two unsuccessful patterns of aging were characterized by people who demonstrated hostility. These included the "angry men" and the "self-haters". The angry men were afraid of death, blamed others for not achieving their goals and resented the young. The "self-haters" turned their anger on themselves and became depressed, pessimistic and regretful about their past lives. Because there were no

women involved in this study, these findings can only be generalized to the male population.

The Concept of Life Satisfaction

Early studies of life satisfaction concentrated on observable behavior of the older person which were rated on a scale by trained psychological observers (Havighurst, 1963). The rating was largely based on the social acceptability of behavior and had very little to do with how people felt about their own lives. More recently, researchers have found that inner subjective measures were more valid in determining life satisfaction (Lawton, 1973; Meltzer, 1963; Neugarten *et al.*, 1961). Allport's suggestion that if you wish to know how people feel about something you should ask them is especially applicable in the study of life satisfaction and psychological well-being. Henley and Davis (1967) define life satisfaction as "a perceived state of mind that reflects relative contentment and freedom from anxiety and is reportable qualitatively by patients" (p. 65). The feeling is that the individual is the best judge of his own happiness and is able to reliably communicate this information. Neugarten *et al.* (1961) operationalized five factors necessary to use as criterion for successful aging. The instrument is known as the "Life Satisfaction Index" and includes the following factors:

1. taking pleasure from the round of activities that constitute everyday life;

2. regarding life as meaningful and accepting resolutely that which life has been;
3. feeling success in achieving major goals;
4. holding a positive image of oneself; and
5. maintaining happy optimistic attitudes and moods (p. 37).

Using the Life Satisfaction Index, researchers have found that life satisfaction is less dependent on high activity or disengagement than on the continuance of habits, preferences, personality and lifestyle developed by the individual over time (Havighurst, Neugarten & Tobin, 1968; Maddox, 1968). More recently, Markides and Martin (1979) found that health and income are factors most closely related to life satisfaction. These influences are critical say the researchers, because people who feel good and have sufficient material resources can participate in more enjoyable activities such as movies, sightseeing excursions and tours, joining interest groups such as camping caravans and doing volunteer work within the community.

Rosow's Theory of Socialization to Old Age

Irving Rosow (1974) states that social integration of the elderly can be analyzed in terms of three factors:

A. Social values

B. Social roles

C. Group membership

1. formal organizations

2. informal groups

On social values, there is no clear evidence that people's beliefs differ significantly in old age. The stereotypes of increasing religiosity and increasing political conservatism are unfounded according to Rosow's theory, therefore the elderly remain integrated in society in terms of values and beliefs. Change in the second factor, social roles, is highly correlated with age. Loss of roles through retirement, widowhood and failing health are inevitable and irreversible. Finally, group memberships which are primarily a function of social class and identification with local community also decline with age through isolation, migration, illness and death. These group memberships according to Rosow's theory are amenable to arrest or reversal and herein lies the focus of socialization to old age. Two psychological conditions are necessary for successful socialization to old age:

1. the person must see the role and its associated values as legitimate in a system to which he belongs or aspires to belong;
2. he must identify with the role so that his access to it seems proper to him. (Rosow, 1977, p. 34).

For successful aging to occur Rosow states that the elderly person must introject group norms, incorporate these into the self and finally these must be associated with observable behavioral changes. Unfortunately, the elderly people in our society receive mixed messages concerning norms. On the one hand, the admonition to "act your age" tends to rule out many past ways of functioning such as

aggressiveness, risk taking or out-of-character sexuality (Kastenbaum, 1981). On the other hand, the popular media, through commercials and advertisements, persistently conveys the message that the older person should aspire to, but cannot really achieve, the valued status of the young. The only viable alternative for the aged in our society, states Rosow, is insulation from other age groups and concentration of socially similar older persons. These homogeneous groups could then serve as reference groups and the development of aged roles and norms would ensue.

Conclusion

In regards to psychological development, three theorists seem to dominate the field. Erikson proposed that individual either develop an acceptance of their lives and impending death or become desperately afraid of death. Peck specified three developments which are critical to successful aging. These include ego-differentiation *versus* work-role preoccupation, body transcendence *versus* body preoccupation and ego-transcendence *versus* ego-preoccupation. Buhler regards the final phase of life as a time when one develops a sense of the totality of one's life and when the majority of people acquire a sense of partial fulfilment in regards to their existence.

Activity theory, disengagement theory and social reconstruction theory dominate in the area of social development. Activity theory holds that the more active one

remains, the more successful one will age. Disengagement theory, on the contrary, states that mutual withdrawal of the individual and society is required. Social reconstruction theory meanwhile holds that, in our present society, an aging person's social environment interacts negatively with the elderly person's self-concept.

This brief survey of the development of the adult human has led the author to the conclusion that there are still many unknowns about the aging process and more relationships among the factors associated with aging must be discerned in order to establish a more comprehensive theory of development.

D. Family Relationships of the Elderly

Introduction

As human beings, we live in a highly complex society which offers a vast range of possible lifestyles. Yet most of us will invest tremendous time and energy into one social institution -- the family. Unfortunately, the relationship between the elderly and their family members has been and is tinged by a number of myths.

Many assumptions about the relationship between grown children and their parents in the past have been tainted by historical romanticism (Laslett, 1976). The stereotype of the old person in a rocking chair, surrounded by doting children and grandchildren paints a false picture at the

turn of the century. The majority of households containing three generations were headed by the elderly, not their children (Dahlin, 1980). Old people did not abandon their normal duties in the work force nor as homemakers. Retirement necessitated by illness was the only form of retirement accepted. Retirement for leisure was considered harmful (Dahlin, 1980). Historians have demonstrated impoverishment and neglect suffered by some old people as well as bitter family conflicts (Laslett, 1976).

Historical evidence does not support the notion that today's gerontological problems have developed as a result of the degeneration of family ties as is commonly believed (Bengston & Treas, 1980). This notion has sometimes caused people to feel anxious or even repelled by the images of the elderly person and his family life in today's society.

The misunderstandings concerning the family life of the elderly in the western world are due in large part to over-generalizations often found in the popular media (Newman & Newman, 1983). A distorted picture of the old person as socially isolated, lonely and sick, abandoned and alienated by his family members due to the isolation of the nuclear family has even guided much of the gerontological research in the past (Shanas, 1979).

Dimensions of Current Family Relationships

There is much evidence available to modify the negative portrait of the problematic elderly and demonstrate that

families do care about the welfare of their elderly members (Brody, 1970). Assumptions that families today are split apart by geographic mobility have not been supported by most research. Ethel Shanas (1979) has reported that 52% of old people in 1975 lived within ten minutes distance of a child. She goes on to say that although old people and their children place a high value on separate households, they now often live only a few streets apart. In 1975, three of every four elderly persons with children either lived in the same houshold as one of their children or within a half hours' distance (Shanas, 1979). Therefore the hypothesis that the elderly have been abandoned by their children because of geographic mobility must be rejected.

A second myth which has been disproven is that the predominance of the nuclear family has left the elderly person isolated even though his children may be nearby. Contrary to popular belief, most children do not ignore their parents. They are more likely to cling to the sick, elderly parent long past the time that they should be seeking professional help (Troll & Smith, 1976).

In a review of research in the area of intergenerational relations, Troll and Bengston (1982) have described two general conclusions. First, many studies show a high degree of intergenerational attachment within families. Parent-child solidarity appears to represent an important interpersonal bond in our culture. Secondly, the high levels of cohesion do not necessarily reflect high

levels of similarity. Children often chose to live totally different life styles than did their parents.

Uzoka(1979) concluded that there is overwhelming evidence to support the theory that western industrialized peoples evidence the same degree of extended family attitudes as do non-industrialized or rural peoples. While there are fewer old people actually living in multigenerational households (Shanas, 1979), strong ongoing ties exist between old people and their families (Uzoka, 1979). In fact, the 10-12% of the elderly people who have no family or close relationships with kin are those who constitute the caseloads of social agencies (Johnson & Bursk, 1977).

If children have not abandoned their aging parents, what is the relationship between the elderly and their adult children? Sussman and Burchinal (1968) suggested that as people age they become more involved with kin than with non-kin or other types of activities. They feel that the link between elderly parents and their adult children functions in indirect economic and social ways such as mutual exchange of services, gifts, advice and financial assistance in as many as 93% of families. However, research has demonstrated that the elderly want to remain as independent as possible, preferring to live in their own homes when this is possible (Brody, 1970; Troll, 1971). In today's society, many older people have even become financial and resource assets to their families rather than

being financial burdens. Even when the older individual is not financially well-off, continued contributions to the children are the rule rather than the exception (McKenzie, 1980).

Predictable Phases of Family Life

At this point, it is worth noting the predictable changes in composition and organization which today's family undergoes once the children have reached maturity. These include a child-launching phase when the offspring assume economic independence, a childless preretirment period, a retirement stage and, ultimately, widowhood. The researcher recognizes that this schema does not describe the never-married, the childless and the divorced, but it is useful to consider the experiences of the majority.

The child-launching phase brings a welcomed reduction in economic responsibility as well as a release from household chores and child supervision. The couple may have more time for intimacy, travel and new leisure activities. On the other hand, this may be a time filled with stress. The "empty nest" phenomenon compounded by physiological aging can create severe depression and emotional illness among women who have devoted their entire lives to the family (Treas, 1975). At the same time, men are typically reaching their peak in the work sphere and the results are a pronounced discrepancy between husband and wife. The emergence of new values which stress personal happiness and

growth are required during this period of adjustment (Sussman, 1970). The development of satisfying hobbies and interests suited to the individual's physical capabilities are crucial during the phase of preretirement as well as formulation of plans for retirement (McKenzie, 1980).

Retirement usually marks the formal passage from middle age into old age and its impact on the family can range from minimal to monumental. The honeymoon period of retirement where the individual seeks to do all the things he never had time to do is usually followed by a period of disenchantment where a feeling of emptiness and boredom can occur. Reorientation to a satisfying routine based on realistic available choices helps the individual achieve stability during this period (Ward, 1979).

Widowhood, the conclusion of the family life cycle, presents many difficulties for the elderly person. The evidence points to many widowers being unable to cope with the effects of the loss of a wife (Lopata, 1980). Such problems as grief and loneliness as well as financial and relational strains are common. Widows, perhaps because they are more common, seem more able to reconstruct their lives and their support systems to insure a social space following the grief work (Lopata, 1980). One explanation for this discrepancy between widows and widowers may be found in a study by Powers and Bultina (1976). They reported that aged women, more often than men, turn outside the family for social and emotional support.

The Role of the Family in Late Adult Life

The amount of involvement and the role the family plays in the life cycle of its aging members will vary depending on economic resources, family structure, quality of relationships and other competing demands on family time and energy. The presence of family and its availability to the elderly are salient factors in delaying institutionalization of the chronically ill older person. Approximately 75% of all elderly patients for whom personal care was prescribed following discharge from a hosptial in the United States received it from their families without any type of social assistance (Brody, Poulshock & Masciocchi, 1978). It has been well-documented by research that old people turn primarily to their children when in need of assistance especially in time of crisis (Brody, 1970; Neugarten, 1975). This relationship unfortunately is not without stress. Robinson and Thurnder (1979) reported that stress resulted in two primary ways. First, coping with perceived mental deterioration of the parent produced negative portrayals of the parents by children. Secondly, stress also resulted when the caretaking relationship was experienced as confining and the adult child felt he always had to be available. One area where the children were not providing assistance amongst the subjects selected by Robinson and Thurnder was in terms of financial assistance. This is no doubt due to the social security services provided by the federal governments.

Empirical evidence has supported the notion that contemporary women have greater filial responsibility expectancies than do men. Seelback (1977) found that females were more likely than males to think that old people who do not wish to live alone should live with their children. The females also believed that old people who are physically unable to care for themselves should live with their children. However, there were no gender differences concerning financial aid or the potential of aged children as caretakers. Stoller and Earl (1983) reported that spouses are the primary source of help for married elders with impaired capacity and adult daughters are the major helpers when a spouse is not present or when the level of support provided by the spouse is not sufficient.

The most important factor governing the relationship between old people and their adult children is the emotional bond between them (Brody, 1970). Old people ideally view this relationship as "intimacy at a distance" (Shanas, 1979). Mutual assistance can best be achieved when older parents and their family members keep a distance from one another but not break off relationships. Caring and affection, states Brody (1970), rather than the particular method by which it is expressed, is what the elderly value most from their children. Assistance from family members in meeting nonpersonal needs such as housework, shopping, transportation and yardwork is welcomed when needed but self-relaince is also a source of pride for the elderly

(Newman and Newman, 1983).

The tendency to idealize late life family ties should be balanced by uncovering unpleasant aspects of familial relations. Relying on the affection and goodwill of family members to care for their elderly is effective in a large percentage of families but sometimes mechanisms of control such as inheritance are used to insure obligations are met. These aspects, though unpleasant, nevertheless do exist. The researcher has found only one author who suggests that the negative aspects of family life must be researched as well as the positive. Corrine Nydegger (1983) suggests that we examine carefully the cost to both parents and children before we "push our aged into the bosom of the family" (p. 31). The declining number of descendants as well as the lengthening of the life-span may overextend kin resources in the day-to-day care of aging relations in the future (Treas, 1977). This situation may create problems in the most secure families. A greater societal response may be required to meet the needs of the growing number of elderly. Johnson and Bursk (1977) found that correlates of the affective quality of elderly parent and adult child relationships were the health of the aging parent and their attitude towards aging. This indicates that poor health may exacerbate poor family relationships. Increased resentment by the child and increased frustration on the part of the parent may lead to abuse of the elderly person.

A special group requiring perhaps more assistance from social services are the childless elderly. Johnson and Catalano (1981) report that marital status was the major determinant of the quality of the support received by the elderly and the patterns of adaptation to childlessness in later life. The childless marrieds were more isolated and tended to rely primarily on each other, while the unmarrieds were more resourceful in using a long-term accumulation of social services to meet their needs. Brody (1970) reported that at least 80% of older people depend mainly on their families, with community services supplementing rather than substituting for family support. But in the case of the childless elderly, there was a disproportionate use of institutions and social services.

When the caregiver is someone other than a spouse, sibling or child, the quality of support is quite different. Sussman (1970) found that the support received from a distant relative was usually perfunctory where the relative functioned as an overseer of the formal support system. The relationship was not usually intimate and interpersonal conflicts arose even though the caregiving was of limited scope. The use of friends and neighbors as potential resources for the elderly has not been explored by research but Stoller and Earl (1983) report that the highest probability of this occurrence was found among the impaired elderly who were unmarried and had few family members living within an hour's travel time.

The researcher has found that the realities of the variability of the position of older persons in family networks and the many factors that influence that variability have not been well explored. The existing literature on the aged and their families tends to construct a universal pattern of family relations as they should be rather than examining the variability among the relationships that actually exist.

III. DESIGN OF THE STUDY

A. Research Format

A descriptive interview research format was used in this study to examine the psychological and sociological adaptation of the subjects to living in a homogeneous residence for senior citizens. This type of research is primarily concerned with determining the nature of human experience rather than attempting to disclose relationships between independent and dependent variables. Its aim is to understand and describe phenomenon without seeking to control or master it (Colaizzi, 1978).

Because of the rich and varied experiences of the subjects, the natural scientific method did not seem appropriate to this investigation. The chosen method could neither deny nor denigrate the experience of each individual and at the same time it sought to uncover certain themes or commonalities which would lead to an understanding of the uniqueness of the lifestyle of the elderly residing in segregated housing. In other words, the researcher hoped to gain idiographic as well as nomothetic information from this research. The particular method described by Colaizzi (1978) provided the most suitable framework for this investigation.

Colaizzi's method may be described as a dialogal interview (Colaizzi, 1978) involving imaginative listening. Once an atmosphere of trust and respect was established, the personal presuppositions of both the researcher and the

subject were disclosed in an interview. The present researcher has had experience as an interviewer while working at Family Conciliation Services as well as counselling a number of elderly individuals referred through acquaintances. The researcher has also spent time talking to elderly persons at the Youville Hospital, Edmonton.

The diversity of personal lived events necessitated the audio taping of each interview in order to grasp the full content of the verbalized experiences. As was predicted by Colaizzi, the situation drew in the total person including his/her perceptions, cognitions, emotions, history and patterns and styles of behavior. For this reason, the researcher chose not to transcribe the entire interviews including personal histories and descriptions of family members. The researcher instead chose to emphasize the context of the subject's life rather than the specific content. All statements describing family members, place of birth, experiences of youth and former residences were omitted. The researcher's comments and questions were also omitted. The resulting profiles consisted of all other statements made by respondents.

In eliminating these data the researcher realized that some relevant and useful information may have been obscured but because of the length and richness of each interview, the amount of material would have been unmanageable.

From each recorded dialogue, significant statements pertaining to the phenomenon being investigated were

extracted. These were then grouped into clusters of themes which could then be reported. Care had to be taken so as not to propose anything which wasn't implied in the original interview. From the thematic clusters, descriptions of the unique lifestyles of these elderly people were developed. This information was then compared to Rosow's predictions of adaptation to aging in a homogeneous residence.

The use of an interview format rather than a questionnaire was preferable for a number of reasons. First, because of failing eyesight in many cases, subjects in the pilot study found it difficult to fill in questionnaires. In some instances, physical handicaps such as arthritis made it impossible to write. Second, although the subjects took great pleasure in discussing their family relationships with the researcher, there was little motivation for completing a written questionnaire which seemed impersonal and meaningless to the subjects. Third, valuable information was gained through the description of each unique and varied experience which would not have been acquired through the use of a questionnaire format.

B. Sample

The success of this form of descriptive research depends on whether or not the questions asked tap the subject's experience of the phenomenon being studied rather than their theoretical knowledge of it. Consequently, the subjects selected must have experienced the phenomenon. In

this study, it was imperative that the subjects be residents of homogeneous housing for the elderly for a minimum period of six months to allow adaptation to occur. A second requirement was that the subject be able to communicate his experience intelligently.

The selection of St. Andrew's Senior Center as the target residence for this study was based on Rosow's (1977) criteria for a viable socialization alternative for the elderly. A necessary but not sufficient condition was the insulation of the elderly from other age groups and strong associations with age peers. Ideally, the peer group would be homogeneous on factors other than age, such as social class, ethnicity, race and marital status. St. Andrew's Center and its residents fit this description extremely well. Approximately 80% of the residents live alone although most were married at one time. Seventy-five percent of the occupants are Roman Catholic despite the fact that St. Andrew's Center is identified as a non-denominational residence. All residents are Canadian citizens.

Another criterion requires that social opportunities be maximized. St. Andrew's is one of the few senior citizen residences in the city of Edmonton to have a cafeteria offering reasonable, healthy meals to the occupants. It also has a library, pharmacy, bank, beauty salon, gymnasium, church, sauna and numerous lounges for socializing. A medical staff is available on a daily basis and from September to June, classes in aerobics, dancing, ceramics

and card playing are offered within the residence. Opportunities for interacting are numerous and the prospect of flourishing social groups is maximized.

The subjects for the study were selected on a voluntary basis. An introductory letter was placed in each resident's mailbox. The letter described briefly the purpose of the study and requested assistance for the project. The respondents were requested to sign the letter, indicate their room and telephone numbers and return the form to the manager's office within the complex. Twenty-six of a possible 315 responses were received. At the time of interviewing, six were not available due to illness or absence; therefore 20 subjects were interviewed for the study.

C. Questionnaire Design

The questionnaire (Appendix A)for the interview was designed to elicit from the respondents a description of their experience of residing in a segregated residence for the elderly, specifically St. Andrew's Center. The research questions were formulated from the researcher's presuppositions arising from the literature as well as the results of a pilot study consisting of five subjects. The final questions were successful in eliciting descriptions of the following areas:

1. Family members
2. General life satisfaction

3. Satisfaction with life in the residence
4. Quantity and quality of interaction with family members
5. Quantity and quality of interaction with other residents
6. Self-image
7. Previous residence
8. Personal preference in regards to lifestyle

The first three questions in the interview arose from Rosow's (1977) theory that the elderly person must aspire to belong to a positive reference group in order that proper socialization to old age could occur. The researcher wished to know if the respondents had been isolated and alone without group support or was St. Andrew's Center chosen simply as a safe place to live.

The next three questions were designed to test Shanas' (1979) theory concerning the myth of alientation. She proposed that elderly people were not split apart from their families by geographic mobility but rather that they lived only minutes away from at least one family member.

Questions seven, eight, fourteen, fifteen and sixteen were examining the types of relationships existing between the elderly and their children. Do the elderly become more involved with kin (Sussman & Burchinal, 1968) as they age and what is the degree of this involvement? Brody (1970), Shanas (1979) and Troll (1971) believe that although family members are important resource persons, the elderly wish to remain as self-reliant as possible.

The remaining questions were designed to investigate the socializing mechanisms which, according to Rosow (1977), would be evident if socially similar older people were concentrated within a local residential setting. The mechanisms are listed in Chapter I. Rosow proposed that in this situation new friends would replace lost friends, qualified role models would emerge and norms regarding activities and relationships would develop.

D. Treatment of the Data

As previously described, a profile was developed for each individual consisting of significant statements made during the interview (Appendix B). Several profiles contained the same or similar statements; therefore the second procedure involved making a list of the significant statements eliminating the repetition as well as changing specific statements to more general formulations (Appendix C). Such statements as "Susan calls every day" were changed to "My daughter calls every day". Step three involved the clarification of vague significant statements in order to generate meanings which were overt rather than covert. The meanings were finally grouped thematically (Appendix D) and these were validated by matching the themes with each individual protocol to detect any information unaccounted for or themes which did not accurately represent meanings. The results presented in Chapter IV provide a comprehensive description of life for these elderly persons residing in

St. Andrew's Senior Center. This description was then compared to Rosow's predictions of the outcomes of insultating the elderly from other age groups to determine the validity of his theory.

IV. RESULTS AND DISCUSSION

A. Overview

This study involved the interviewing of twenty residents of a homogeneous apartment for the aged. The results of the interviews were then examined and statements pertaining to life within the residences and to relationships with family members, friends and peers were extracted to construct a profile on each individual. Data were then analyzed to determine whether or not strong peer groups had formed within the residence as well as the extent of interaction occurring between individuals and their family members.

In the present chapter, themes arising from the protocols are described. (See Appendices B and D.)

B. Results

Composition of the Sample

The data on which this study are based were collected from twenty respondents of which all but two have been previously married. The two who had never married were both male and had strong religious affiliations. One was a retired pastor and the other had been a janitor for a cloistered order of nuns. Of the remaining eighteen married respondents, all but one had children. At the time of the interview, three respondents were living with spouses. The

demographic composition of respondents is presented in Table 1.

Accommodation

Prior to moving to St. Andrew's Center, the majority of respondents had resided in heterogeneous apartment buildings. A description of prior residences has been presented in Table 2.

The reasons reported for moving to St. Andrew's Center were varied. The one common reason was that the extensive facilities provided at the Center simplified day to day existence. A second reson was that those with children wished to be near them.In most cases children lived within ten minutes of the residence. This finding supports the theory proposed by Shanas (1979) that while fewer and fewer old people are residing with their children, they still wish to remain near them. With the large number of senior residences being presently constructed, the possibility of acquiring independence and privacy for both generations while maintaining intimate relationships may be enhanced.

A third reason reported by subjects for moving to the residence was safety. Many stated that elderly people living alone were at great risk since advancing years associated with decrements in health makes assistance by others more necessary. As reported by Brody (1970) and Neugarten (1975) elderly people require sources of support which they can turn to in time of crisis. St. Andrew's Center provides an

TABLE 1
DEMOGRAPHIC COMPOSITION OF RESPONDENTS

	LIVING WITH SPOUSE	SPOUSE DECEASED	DIVORCED	SINGLE
Female				
With Children	1	9	2	
Without Children		1		
Male				
With Children	2	3		
Without Children				2

TABLE 2
PREVIOUS ACCOMODATION

Description	Number
1. Heterogeneous apartment units	9
2. A private home owned by the respondent	6
3.Some other segregated senior's residence	3
4. A child's residence	2

extensive security system for the residents thereby alleviating the stress for both the elderly and their family members associated with providing proper care for the aged.

Opinions regarding accommodation were readily offered by respondents Those who had owned their own homes spoke nostalgically of their past residences on the one hand while on the other hand expressing relief from the burden of the upkeep of a private residence. One 88 year old man reported having kept his house for one year following his move to St. Andrew's Center in the event that he would be unhappy. The decision to sell his home was prompted by the sudden feeling that all the work and expense to maintain it seemed futile. He had learned to fill his life with hobbies which he enjoyed tremendously.

Respondents who had lived in heterogeneous apartments described them as lonely and impersonal abodes. "At St. Andrew's everyone says hello whether you know them or not", reported one resident. The friendly, warm agmosphere existing in the center leading to a sense of belonging was a factor mentioned by the majority of residents. When asked if they would recommend the residence to others, all responded positively despite the unanimous complaint concerning the high rent.

This result supports Rosow's (1977) theory concerning positive reference groups. Belonging to a group which has a positive status for the members did in this instance help to consolidate and enhance self-image. Pride in being a resident of the center was a common feeling amongst respondents. Not one elderly person hesitated in recommending St. Andrew's Center.

Family

Considerable evidence supporting Uzoka's (1979) theory that strong ongoing ties exist between old people and their families was revealed in this study.

When assistance was required by the elderly person, those with children turned to them first in all but one instance. The likeliness of turning to children in times of need was not affected by sex. Both men and women with children reported that their children were their first sources of support in time of need. The one exception to this was a woman whose children all lived in Eastern Canada. She had moved to Alberta for the climate and had no relatives nearby. In this instance, her immediate resource person was a young woman whom she had befriended on a train trip. She referred to this young woman as her adopted daughter.

Marital staus had no effect on dependence on children. Married people as well as the widowed turned to their children first in time of need. Of the three individuals who had no children, two turned to close friends as sources of support while the third, a single male, turned to social service agencies. This concurs with Johnson and Bursk (1977) who state that the elderly with no family or close relationships constitute a good portion of the caseloads of social agencies.

Children were not only resource persons for the elderly, but companions as well. Social events always

involved at least one child for 14 out of 17 respondents with children. The belief that adult children have abandoned their aging parents because of the strength of the nuclear family or because of geographic mobility was not supported by this study. Contrarily, results demonstrate that parent-child solidarity appears to represent an important bond in our culture. This conclusion agrees with Troll and Bengston (1982) who posit a high degree of intergenerational attachment within families.

Although strong family ties were the norm in this study, living in a child's home was negatively viewed by most respondents. Keeping a certain distance from family members was perceived as being conducive to stronger, healthier relationships. This result supports the hypothesis of "intimacy at a distance proposed by Shanas (1979). As one respondent stated, "the more I know about my children's affairs, the more I worry. Therefore, I'm happier not knowing everything".

Neighbors and Peers

Although neighbors were not spontaneously mentioned as resources, when questioned, all respondents were confident that their neighbors would provide assistance in time of need. Through a monitor system, each resident is contacted daily by a designated co-resident to ensure each individual's safety. Despite the expression of pride associated with self-reliance, all respondents described

neighbors as extremely dependable. This result demonstrates the socializing mechanism of group support which Rosow (1977) suggested would develop under these conditions.

Rosow (op. cit.) also suggested that social homogeneity would provide the elderly person with role models with which he can identify as well as new friends to replace lost friends. The results of this study do not support this finding. Socializing amongst neighbors and co-residents was reported to occur only rarely. A small group of very socially active persons had formed within the residence to which two respondents in this study belonged. They described a number of organized activities throughout the city which the group attended. These included dances, bingos, lectures and cultural activities. This was the only evidence of close friendships developing amongst co-residents where patterns for activities and relationships could be discerned. The remaining eighteen respondents reported that they very rarely participated in social activities with neighbors. When they did socialize, it was with family members or close long-time friends.

Use of Facilities

Remaining active was a very significant concern for all respondents. One woman mentioned that the fear of being permanently immobilized kept her active. In most cases, this was accomplished by keeping schedules to which they strictly adhered. The types of activities in which the respondents

engaged were largely individually oriented rather than group oriented. These included reading, writing, walking, exercising, a variety of hobbies and television watching. A few joined card groups or physical fitness classes but the majority spent a large part of their day engaged in individual activities.

The respondents' inclinations to remain active concurs with "activity theory" (Havighurst, Neugarten & Tobin, 1968) which hypothesizes that the more active old people remain, the more successful they are at aging. As losses in roles or relationships occurred through retirement or death, substitute activities were sought by the respondents.

Other Themes

Leadership

Rosow (1977) proposed that segregating socially similar elderly people would result in the emergence of individuals as qualified role models who would become admired group leaders. Results from this study in regards to leadership are inconclusive. Although several respondents mentioned the competence of the chairman of the tenant's association, few attended meetings or activities organized by this group. When questioned about leaders or admired individuals the responses never referred to co-residents.

Health

Concern for one's health was a commmon theme throughout interviews. Since chronic diseases are more likely to occur in old age, many felt that each time they were ill it would be a permanent illness. Although they did not necessarily feel sick, they reported that their lifestyles were easily impaired. One elderly woman who had cracked a bone in her foot three months prior to the interview indicated that although the fracture had healed she had become overcautious resulting in greater dependence on others and many self-imposed restrictions on her lifestyle. Because statements concerning health were often vague and hypothetical, no conclusive results can be reported concerning the relationship of health to adaptation to environment. This may provide an interesting topic for further research.

Philosophy of Life

A final theme resulting from the semi-structured interviews concerns personal philosophies or acquired wisdoms. Each respondent had developed personal systematic views of events which assisted them in adaptation to daily living. Some examples of these views can be found in significant statements 85 through 88 (Appendix C). Such views were readily offered by respondents.

The variety and divergence of personal views exemplifies mental flexibility proposed by Peck (1968)

as being crucial to successful adjustment to aging. Although solutions to many of life's problems were worked out by the respondents, flexibility in facing new experiences was often demonstrated. An excellent example was the creative use of small living spaces provided in the residence. Bachelor suites measuring in total approximately 18 feet by 20 feet were functionally and tastefully decorated to give the appearance of a much larger living space. Dividers and multi-purpose furniture were used ingeneously to enhance environments.

C. Summary

The choice of accommodation made by the respondents in this study was based on three factors:

1. the many available facilities.
2. the proximity to family.
3. safety.

These findings concur with Brody (1970) and Neugarten (1975) that elderly people require dependable sources of support and the family most often meets these needs.

Findings from this study also parallel the findings of Uzoka (1979) and Shanas (1979) who propose that families have not abandoned their elderly members. In fact, they are not only the first source of support for the elderly but companions as well. A healthy intergenerational relationship was based on respect for privacy.

The peer group functions and socializing mechanisms proposed by Rosow (1977) were not entirely supported by this research. Although individuals could depend on their neighbours, norms concerning roles and relationships did not develop within the residence. The group functions will be more elaborately discussed in Chapter V.

In spite of the many organized group activities within the residence respondents preferred to focus on individual activities. Remaining active was a prime concern supporting the "activity theory" of successful aging proposed by Havighurst et al. (1968).

The emergence of leaders within the residence who would serve as qualified role models as proposed by Rosow (1977) has not occurred at St. Andrew's Center. Competence of some co-residents was acknowledged in certain interviews therefore the data in regards to leadership are inconclusive.

Health, personal philosophies and flexibility were significant themes in the interviews with the elderly. The correlation between the ability to adapt to a changing environment and successful aging as proposed by Peck (1968) is supported by this study.

V. SUMMARY AND DISCUSSION

A. Overview

In this study, the author investigated the socialization of older people to a homoneneous residence for the aged. Specifically, the author wished to determine if the socialization mechanisms as described by Irving Rosow (1974) would develop in an environment where the elderly are sheltered from the negative definitions of the larger society. The researcher hypothesized that socialization to the group would not occur if the elderly person was closely involved with kin.

B. The Socializing Mechanisms

Group Support

The first mechanism is group support. It was evident from the interviews that residents at St. Andrew's Center could depend on their neighbors for assistance in time of need. All reported that they would not hesitate to contact a neighbor in a crisis. This was undoubtedly the most significant benefit resulting from the concentration of elderly people in a residential setting. The security and safety sensed by the residents made it possible for them to tolerate other inconveniences such as small apartments and high rent. The researcher concurs with Rosow that physical group support does occur in a segregated residential

setting.

New Group Membership

The second function of homogenous residences which would aid the individual to accept loss of former roles is new group membership. Rosow speculates that belonging to a new group would ease the pain associated with role loss and assist in the transition to a new status. As well, the more advanced peers could help newcomers through the transition by helping to interpret the stress and anxiety which besets a new resident. Two of twenty respondents cited the importance of the group in adapting to the pressures of changing roles. The remaining respondents indicated that the only group they desired to be a member of was their family. Membership to any other group was not necessary, for the family remained the primary resource for need satisfaction. Rather than assist newcomers to manage the stress of being a new resident, respondents focussed more on respecting the privacy of others. Their attitude was that if newcomers required assistance, they would ask. (Statements 4, 45, 57; Appendix C).

The two respondents who reported that the new group replaced old memberships were not in regular contact with their family members. One respondent, a retired pastor who had never married, spent the majority of his life away from siblings and constantly involved with new people. When he lived with a sister shortly after retirement he became

extremely depressed. His move to St. Andrew's plus the membership to a new group made his retirement more meaningful and bearable. The second respondent finding solace from group membership was a retired female school teacher. During her 35 years as an educator, she was actively involved in community groups as well as raising her children. Because her children are intensely involved with their own children, she now prefers to be organizing activities within the residence. These two examples would seem to support the theory of continuity (Neugarten 1968) where successful aging involves a positive relationship between personality and lifestyle and a substitution of roles with similar alternatives.

New Role Set

Third, Rosow predicts that when an inidividual joins a new group, its members become the core of a new role set. A common perspective regarding roles and problems of old age acts as an integrative force. Elderly neighbors become stronger reference groups than old friends according to Rosow's theory. No evidence was found to support the existence of such a socializing mechanism in St. Andrew's residence. Despite the many opportunities to interact, the residents reported a preference for family interaction or interaction with old friends over contact with fellow residents. Their major decisions are made in relation to their family and their values center around their family.

This lifestyle encompasses a wide range of activities with family members and affords the elderly person a number of possible reactions to aging.

Role Specification

The fourth function of a peer group which could develop in a homòneneous residence is role specification. This refers to the development of norms with regard to relationships and problems common to members. Some evidence of this mechanism was found amongst the respondents especially in relation to common health problems such as loss of hearing, cataract operations and colostomies. Members shared these experiences readily with those facing the same problem. Patterns of acitivities and relationships did not appear to be concerns which residents shared with each other. These issues were relegated to the sphere of family involvement rather than peer interaction. Generally, the researcher has found that norms concerning relationships and roles within the group do not exist.

Positive Reference Groups

A fifth mechanism concerns peers as a positive reference group. It was evident in each interview that residents identified with their age mates facilitating perhaps adjustment to old age. Each would compare their situation to others citing similarities and differences and recognizing the different possibilities and limitations of

aging. Peers as a positive reference group is an important outcome of segregated housing for the elderly.

Insulation of Members

Insulation of members from indifference and devaluation is the sixth outcome predicted by Rosow. The researcher found considerable evidence to support this prediction. Although this was not expressed overtly, each resident felt secure in living a style of life which he had personally chosen withoug feeling develued by other residents. While there was very little socializing amongst residents, there was much respect for one another. When they met in the hallways greetings and good wishes were always exchanged. On two occasions only were other residents criticized (statements 79 and 80, Appendix C) during an interview. On the whole, comments concerning peers were extremely positive.

Qualified Role Models

The existence of qualified role models as the seventh outcome of segregated housing was not detected by this research. The existence of leaders amongst residents was recognized but only in relation to organizational aspects of group life. They were not considered meaningful in the context of the respondent's personal life. Significant models were remote rather than immediate such as deceased parents or historical and religious figures.

New Self-images

Finally, socialization to a homogeneous group should result in favorable self-imates. The majority of respondents in this study were very self-accepting and had clearly adapted to aging. Although more than half had physical limitations, they had no problems in coping with their life space. They accepted the many changes which had occurred in their lives and saw themselves as competent adults. It is difficult to determine whether the residential environment enhances self-image or whether those with positive self-concepts are attracted to segregated residences. Further research would be required to study individuals before they entered a homogeneous residence and following a socialization period.

Implications for Future Research

The existing research on intergenerational relationships has demonstrated the importance of kin to the well-being of the aged. Unfortunately, what is lacking in the research is the content of family interaction. No other group exerts comparable influence on its members and the influence is not always positive. For example, when doting children visit elderly parents are they demonstrating concern or reinforcing the parent's incompetence regarding daily living. Further research is required to investigate the effect of family ties on self-concepts as well as the expectations of both elderly parents and adult children.

Further research may also determine if norms for the elderly are even necessary. Since many theorists believe that this is a period of introspection, (Butler, 1977; Cumming and Henri, 1961; Jung, 1971; Neugarten, 1968; Peck, 1968) perhaps individuality rather than conformity sould be stressed.

Considerable research is required before developmental theories concerning adult life can be established. Are there unchanging components in the adult personality which are fixed during childhood and persist through life? Do stage-related phenomenon exist which are common to all individuals or do changing stages of development occur in only certain individuals? Examining developmental theories, one is faced with many perplexing issues. If we are concerned with generating change which would enhance late adulthood, do we work from within or without? Should the focus be on manipulating the environment or on inner perspectives and the manner in which the individual construes his personal situation? It appears that both perspectives may have merit in this field. A comprehensive theory is required which would emphasize the ego functions of the personality. One which would help accountfor the growth and maintenance of cognitive competence and creativity and also explain the conscious use of past experiences.

C. Conclusion

Although conditions at St. Andrew's Center are ideal for the formation of strong peer groups this has not occurred. Rosow provides two reasons that cohesive groups may not develop; some people are externally oriented and avoid local involvements and because of excessive passivity others cannot be effectively integrated into a group (op. cit., p. 162). This researcher wishes to add a third reason. Those older individuals who are intimately involved with their family members do not seek resources elsewhere. Rightly or wrongly, family bonds of affection and obligation make up for society's shortcomings in providing for the well-being of the elderly even when conditions are conducive to finding peer support.

All respondents in this study prized their independence highly. The motivation for independence comes from the pride of being self-sufficient, a desire to avoid burdening others and sometimes a fear or mistrust of others. Whatever the motive, dependence on family seemed to have less negative inferences than dependence on peers. In our haste to understand the problems of the elderly, we seem to be neglecting the ideals and preferences of the target population. We are imposing present day values on a population who may not concur with our point of view. The subjects of the present study made it clear that they enjoyed being self-sufficient but would not hesitate to seek help and opinions from family members. Seeking assistance

from neighbors, on the other hand, was viewed negatively.

This phenomenon may be explained by examining the cultural climate in which these people were raised. In the past the old were always a part of the family and viewed as valuable contributors, passing on their wisdom to the young. Today, the older person no longer feels wise. He feels old and useless. Suggesting that he ask his neighbor for assistance reinforces his feelings of worthlessness. Because of their past training in family life, the elderly seem reticent to make contact with peers in the event that their vulnerability might be disclosed. Those who have learned to satisfy their needs with the assistance of people other than family members are better able to do so in their old age.

From the present study, the researcher has observed that older people move toward more egocentric positions, attending increasingly to the satisfaction of personal needs. This shift should not be construed in the perjorative sense but rather in a developmental sense. Along with a change from active to passive modes of mastering the environment, there also seems to be a movement of energy from an outer-world to an inner-world orientation. This observation is not consistent with the socialization theory proposed by Rosow (1977).

The deterministic view proposed by Rosow advocates situational adjustment. That is, the individual is required to assess a situation and deliver the required performance. Maslow (1962) suggested the healthy personality was less

enculturated, less flattened out, less molded. The researcher agreees with Maslow's observations. As the healthy personality develops, beliefs and opinions emerge which are based on life experiences. The individual is constantly coordinating his/her biological, emotional, social and intellectual experiences towards further growth. This process does not end at age twenty, but appears to persist throughout the life-span. Changes in self-concept and identity occur regularly, as the environment as well as the inner dimensions change. Self-determination is more evident amongst the elderly population than in any other age group. The formation of strong cohesive peer groups, with common values and beliefs is in complete opposition to the observations made by the researcher. Rosow's model is not supported by the present study.

Summarizing the opinions of the twenty co-researchers in this study, one might describe the task of later life as learning to live creatively for oneself, while accepting one's place in the drama of unfolding generations and sensing the continuity of life.

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APPENDIX A

Questionnaire

APPENDIX A: Questionnaire

1. How long have you lived here?
2. Where did you reside before you moved here?
3. What made you decide to move to a senior citizen's residence?
4. Do you have any children?
5. Do you have any other living family members?
6. Where do you family members reside?
7. Could you describe the type of interaction you have with your family members?
8. Could you depend on your family for assistance?
9. Do you socialize with other residents here? If so, in what ways do you socialize?
10. Do you have close friends living within the residence?
11. Could you describe the initial adjustment period when you moved to St. Andrew's Center?
12. In what type of activity, if any, do you participate within the residence?
13. Are there certain people living within the residence that you would characterize as leaders?
14. In a crisis, who would you call?
15. If you wished to discuss important personal matters, who would you contact?
16. If you required social companionship, who would you contact?
17. Do the residents assist one another?
18. Could you describe a regular day in your life?
19. Would you recommend this place to anyone else?

APPENDIX B

Individual Profiles

APPENDIX B: Individual Profiles

Profile 1 **Age: 77 years**

: I've lived in this residence for almost four years now and I live alone

: I have two sons and one daughter who is deceased

: One of my sons lives within 15 minutes of here

: I also have one sister in Edmonton and five grandchildren

: I visit with my sons about twice per month but I speak to them on the phone quite often

: I spend a lot of time taking care of an older neighbor of mine

: I'm very active here in the residence. I'm involved in keep-fit, whist and and I have library duty.

: When I go out, I travel by bus.

: I visit my sister fairly often.

: I'm a member of the honky-tonk band which we organized here in the residence. We're very busy and travel around to other residences and hospitals regularly.

: The only social activities I attend are within the residence. I have a bachelor suite, and I've been waiting for two years for a one bedroom apartment with a balcony. I miss not having fresh air and the bachelor apartment is too small. They told me to keep my eyes open and perhaps trade but I don't like to do that.

: To make friends here you have to work at it. I speak to everyone I meet even if I don't know them

: I consider this my home now.

: There are several clicks or groups which have formed here in the residence and I don't like that.

: We have a tenant's association which is elected every year but this time all positions were filled by acclamation. They had a hard time getting people to run for office. They organize the entertainment and social activities.

: My husband passed away in 1977. I remained in my own home for over a year. Keeping up the house became too much work for me therefore I decided to move into an apartment in Edmonton because it wa central for my children and

grandchildren. I didn't like the apartment because it was too impersonal. I made a number of applications to senior citizen residences and this one came up first.

: In a crisis I would call the security service here in the building. For personal matters I would contact my son but I haven't needed any help yet.

: I'm very active and I believe tha if I stop I'll never get started again.

: When recommending this place to others, I would definitely tell them all the advantages but the rent here is very high. My rent is subsidized and it's still very high.

: The only complaint I have is that I lack fresh air. If I had a balcony I wouldn't complain about anything.

: I have so many things which I just couldn't part with when I moved here and I didn't have room for them. I've rented extra space in the basement for storage. I'm getting used to that. When I need someting I go looking through my things for it.

Profile 2 **age: 65 years**

: I have a colostomy and it's been very hard to get along with. I've been to emergency eight times in an ambulance.

: I have two sons and instant grandchildren because my son married a woman with children. My second son is not married. My daughter-in-law is a nurse.

: I've been living in St. Andrew's Center for three years. I'm on social security. I get $604 per month and my rent is going up again in September. Every Monday, three social workers from o commuity services come to visit us. They bring films and talk about all kinds of things but these meetings don't go over very well.

: I don't want you to think that I'm unhappy here but things are not what they like you to believe. Mr. Collins, the manager, has had a rough three years.

: There are a lot of people here who have sold their houses and have lots of money and they want to leave it to their children. You can't do that. I don't have any to leave to my children.

: People try to bring all their tables and chairs and beds into these suites. It's far too small for that.

: I was active when I first moved here three years ago. That was before my colostomy. I was active outside the center.

: We have an ecumenical service here once a month plus a doctor every Thursday. Things cost money and people don't understand that. They leave lights and televisions on all the time.

: I'm lucky to have a subsidized suite and I'm going to spend my senior years here. This is my home.

: I don't get together with anyone in this residence other than the lady that I help.

: I came here because I couldn't afford the rent elsewhere and my social worker got me in here.

: In a crisis, I would call the building security and if I had a personal problem I would call my son.

: I'm giving my body to science. They are going to cremate me and throw the ashes over the High Level bridge.

: I belong to the retired and semi-retired and I do a lot of phoning for them.

: They don't have fire drills here and that bothers me.

: We had a marvelous past president. We'be just elected a new one.

: This place is run by Catholics but any denomination is welcome.

: I don't get along with the groups here because there are too many chiefs. I'm willing to do my share but everybody wants it their own way.

: I've done ceramics and I'm going to do it again. There is a kiln in this building. I took pottery at Strathcona Place. I'm very talented and creative and I use my talents extensively.

: My husband and I have been separated for a number of years now and I ended up in Oliver but the governmet has taken good care of me. I still have problems but I go to the Mental Health Centre and I take pills.

: I see my daughter-in-law about once per month for shopping but I speak to my son only by phone. I travel by bus if I have to go out.

: Not many people belong to anything in here. They don't take to new things very well. The nurse tried to get people who were lonely to eat together and it didn't work. The people here are "clanny". They stick together in groups.

: I help an elderly neighbor of mine as much as I can.

: At the annual meeting not even one third of the people showed up.

: The residents here are spoiled. We can have a full course meal in our cafeteria for $3.75. We have a dental mechanic, a doctor and nurse who comes every day.

: I worked as a ward aid all my life. I gave up my children for ten years because I couldn't take care of them. But the boys came back to me.

: I would recommend this place to anyone except the rent is high. They have a good staff here and it's very clean. There are a lot of things to do but there are a lot of clicky groups. There is all kinds of entertainment.

: I love classical music. Next year I'm getting tickets to the symphony.

: You just have to accept the way this place is run.

Profile 3 **age: 90 years**

: I've been living for over three years here. I moved here when it was under construction.

: I was in another senior home before this one for twelve years. My husband passed away twelve years ago and my family thought I would be safer here.

: I have a pinched nerve and sometimes I can't even move an inch. I couldn't move even if the house burned down.

: The Frere Andre has cured me. When I had the last spell, I prayed to him and he cured me. I cannot praise him too much.

: I have eight children, one died in the war. I have three daughters and one son in Edmonton. I have thirty grandchildren and fourteen great grandchildren.

: My children are wonderful. They couldn't be better. They are very good to me. I see them every day.

: I have friends here in the residence but I don't socialize. I have too much reading and writing to do.

: I have people over for coffee sometimes. I have wonderful neighbors.

: I like living here very much. We are very secure and the church is right here. I go to church every day. I'm a life member of the Society of the Little Flower. They have given me a rosary and medals and gifts of every description. I come from a very holy home. I'm very fortunate.

: I worked hard all my life but was well rewarded. My children make me wonderful parties and they give me gifts. I've had many operations but they were all successful and today I don't even have to take a pill. I eat the right food, natural food.

: It wasn't easy to adjust to living here when I moved in because it wasn't finished. But now it's ideal. I wouldn't want to live anywhere else.

: It isn't hard to make friends but I have so much to do, I don't have enough time.

: I feel very safe here but I keep my door locked.

: I cook all my own food. No refined foods for me.

: I gave my possessions to my family and sold some when I moved here. It wasn't easy but I've got what is important to me now.

: I don't have a television. It has done too much harm to people.

: I would definitely recommend this place to anyone. I'm very satisfied. I have one of the nicest suites because I can see everything that is going on in the atrium. There are weddings here at the church every weekend. I always leave my window open.

Profile 4 **age: 90 years**

: There can't be a better place for me to live. I have the nicest bachelor suite. I'll be sorry when I have to leave here to go to a nursing home.

: I do all my own cooking but you don't know what to cook after a while. It gets tiresome.

: My husband has been dead for 18 years. After his death, my children wouldn't let me stay in Wainwright alone so I moved to Edmonton and rented an apartment.

: I have four children. The oldest died four years ago. He had seven sons. My dauthter lives in Jasper and two sons live in Edmonton. They do everything for me. Whenever I need anything, my daughter-in-law will walk over here.

: I eat quite often downstairs in the cafeteria because I don't know what to cook. I haven't been to Safeway in two months.

: I see my son very often but I don't see the others quite as much. I have friends here in the residence but I don't coffee with them.

: It's wonderful living here. I can go to church without leaving the building.

: The only thing I don't like is that I can't get fresh air because my window opens onto the atrium.

: I've lived here for three years and before that I lived in Grandin Towers for eleven years. I moved here because the rent went sky high in the apartment building. I've never been sorry. I consider this my home now.

: We have a doctor who comes here every week. My foot has been hurting a lot. I used to play cards but now I'm quite deaf and I don't go downstairs to socialize anymore. I only go out when my son comes to get me. I'm not sick enough to go to a nursing home though.

: I have two neighbors who check in on me regularly. When I was sick, I phoned my son and he came over right away. I've had eight operations. They've taken everything out of me. When I need help, I can always depend on my neighbors.

: Dad lived until he was 99 but I wouldn't want to live that long.

: I feel very safe here. I don't even lock my door. When I leave here, it will be to go to a nursing home. I don't want to live anywhere else.

: To keep busy, I play solitaire, watch some television and read.

: I would recommend this place but there are some who don't like it. Mostly, it is because of the high rent and the lack of fresh air. I don't like that roof over my head.

: I only moved here because the rent was too high at Grandin Towers. I had a lot of friends there and we played cards every night. I only play rarely now.

: I don't go to any meetings they have here because I'm quite deaf. I go to the birthday party which they have every three months to celebrate the birthdays which have passed.

: My grandchildren never come to visit me but they all came to my 90th birthday party. I didn't even know some of them.

Profile 5 **age: 87 years**

: I moved here before it was completed, 3-1/2 years ago.

: I really like it here. It would be dangerous for me to live in my own house. Some people don't like this because it isn't what they had before. We have everything here. When you enter here you're supposed to be able to care for yourself but we have every service you can want here: nurses, doctor, cafeteria, security, bank, library and pharmacy.

: I lived in a house before I came here which I kept up myself for four years. My husband passed away fifteen years ago. Any elderly person living in their own house today is very foolish because it is dangerous.

: I have five children, all living. Three live in Edmonton and they are overjoyed at my living in this residence. My children are not young. My oldest daughter just received her first old age pension check.

: I almost lost my eyesight because of a lack of blood to the retina but because of a miracle I've regained my eyesight. I know no other way to explain it.

: My daughter always comes with me when I have to go to the doctor

: Reading is the thing I like best. Not being able to read was pretty hard to take. I had a professor friend who would come once a week to read to me. He taught me all about the wine industry. He enjoyed reading more than the story itself. He loved the words and the language. I asked him how many years it took him to learn that beautiful english. Then I told him that beautiful language is not useful to everyone. Many people are successful without it. He didn't agree.

: I get a phone call every ten days from my daughter in Saskatchewan. I couldn't have better children than I have. They don't baby me. One time the flowers at my son's home made me lonely for my own home. My daughter told me then I had better sit where I couldn't see them.

: I don't like to mix and mingle with the others. I'm hard of hearing and with the vision problems I had I don't go down to the dining room. My daughter and son-in-law always bring me fresh fruit so I have plenty to eat. They want me to eat the best foods.

: My doctor has a gentle way of manipulating me and I don't notice it till afterward. I can't take medication of any kind because it upsets me. My doctor wanted me to take sopme

pills to dilate the arteries. The pills were bothering me so I quit taking them. After a while, I began to think that I was foolish so I started taking them again. Now, I can read, watch television and sew on a button. The doctors have encouraged me to stay on the medication.

: We are very fortunate to have a very knowledgeable pharmacist here.

: I find when I'm trying to converse with someone, I forget the words. That doesn't happen when I read but I get a headache when I read too much. We have so much entertainment here. I follow the exercise classes but I don't play cards. I like the entertainment they bring in but I don't go to any socials.

: I used to help the workers here with the people who didn't get out.

: My family members are my closest companions. I lived in my own home for four years after my husband died. I used to have big dinners, for my children and grandchildren. When I moved in here, they told me that was enough for the big dinners and now they come and get me and I go to their homes. I'm seldom home now. My family is so good to me. My son even gives me money.

: When you give all your life then you get it's hard to take.

: The people here are very receptive. If you want to be one of the group in here you can be. They won't go out of their way to coherse you but if you want to have companionship, it's available.

: My friend's mother is living alone in an apartment and she is very depressed. They want her to move into a home but she won't. Here you're never alone unless you want to be. People here regard your privacy.

: The dining room in the residence has attracted a lot of men who don't like to cook.

: I enjoy living here. We have underground parking. It gets hot in here though. I have to have a fan.

: I would definitely recommend this place to anyone. There isn't another place like it in Canada.

: Some people complain about everything but they eventually leave here. If you're not happy then get out.

: We have all the exercise machines you can get; even instructors.

: People come in here with all their dearest treasures and there is no room for them. I got rid of everything but a few items and I don't need any more than this.

Profile 6 **age: 82 years**

: I've lived here for three years. I was living in my own home before I moved here. I lived there for 17 years by myself. My husband has been dead for 20 years. I had a very large lawn which got to be too much work and when you hire help, they come at their pleasure, not yours.

: Finally I sold my home and car and moved in here.

: I have no disabilities whatsoever and I enjoy life very much. I have no complaints of any kind so why shouldn't I enjoy life.

: I attend keep fit classes every day. I keep very active. They keep my joints supple. I follow a square dance class every Wednesday and I participate in the activities organized here. I go to dance classes with the West Edmonton Seniors.

: I came west to teach school and married a farmer. After his death I travelled abroad for nine years. Then I sold my house. I haven't regretted it for a minute. I've enjoyed not having the responsibility of a home and a yard. I just have myself to take care of.

: I have no family. I have two first cousins and a sister-in-law living in the east. On my husband's side, there are many relatives. I used to keep track of them all but when it got to 157, I gave up.

: I know quite a few people in the residence but my friends don't live here. I didn't need to come here for companionship because I have lots of it. I came here for the convenience.

: The reason I sold my car is that I didn't want to be a taxi service. I miss it very much, especially on Sundays, but it was a very wise thing to do.

: I read a lot and I have a very large correspondence.

: Some people in here never leave their suites even though they are encouraged. In most cases, families are very attentive to their elderly members.

: We care for each other through a monitor system where every morning you have to put out a card indicating you are alright.

: I'm elderly but there are older people than myself in here.

:I go out every day. I visit friends in the hospital and

this week I have tickets for the games. I get my hair done every Saturday. There is never a dull moment. I remain active both in and out of the residence. I didn't come here to shut out the world.

: I'm going to stay here till I die unless I can't take care of myself. Then I would have to move into a nursing home but I don't plan it that way. I have the means to hire people to look after me if I can't.

: We have good leaders here who are very capable.

: I've helped my neighbor a lot. I took her under my wing. You can depend on your neighbors here.

: The only thing I miss which I had to give up to move here is my piano. I didn't have room for it. I just couldn't sell my possessions when I moved here so I gave them away to friends and relatives.

: No one pushed me into here. I came of my own free will and t this is just what I wanted. I moved here at 79 and it was time to get sensible. As long as you can manage it, you should stay in your own home.

: I would definitely recommend this place. Some people will never adjust to it but on the whole their families are very attentive.

Profile 7 **age: 65 years**

: When people visit my place, they say "You live like a gypsy", but I love it. When I first arrived in Canada, it was the best time of my life because I only had two suitcases.

: I came to the west three years ago. My daughter married here. I left my husband then but he had left me in spirit 20 years ago.

: I have one child -- a daughter -- and two grandchildren. My daughter was a rotten child but her son is the joy of my life.

: Before I arrived here I was ready to take pills and say goodbye. I had had it. I was tired. I'm not afraid of dying. I've seen it all and I've lived through all. I have no obligations to anyone.

: One day my daughter wrote me a letter to tell me she was so lonely, had no friends and needed help with her child. At that time, I had a tumor on my ovaries and nearly died. When I recovered, I took half the value of our house and left my husband. He had found himself a yound divorcee from Poland. When I arrived here, I took care of my grandson during the day and had a professional babysitting job at night, through an agency.

: I speak five languages because it was necessary in Europe.

: After 2-1/2 years living with my daughter, we became very estranged from each other and especially with her husband whom I did not get along with.

: I'm 65 years old and I never expected to live this long. I'm frightened every day that my enjoyment now will be taken away from me like it always has been. I'm so happy here.

: After the big storm with my daughter, I lived with some nuns. Now my daughter is free of me and I'm free of her and we can visit each other. My grandson can come and stay with me here now.

: I'm the monitor on this floor. I check everyone, every morning.

: I go to church but I don't belong to any groups here. I had enough of the groups I belonged to in Ontario. I belong to Senior Citizen's Drop-in Center but I do not go to the mixed socials. I just go to make crafts and organize bazaars with the nuns.

: I have sewing and crocheting to do. With my bad foot, I

cannot go very far.

: All the ladies in St. Andrew's Center are my friends but they are not close.

: I watch television and sew but my eyes get very tired and I have to quit.

: My neighbors come to visit me and I go to the sewing room in the winter with the other ladies. Last year, I did aerobics.

: I love the climate in Alberta. I hated the east. I've been in the west for 3 years and living in St. Andrew's for one year. This is my home and Lord willing, I'll stay forever.

: I came here with just my suitcases and $10,000. Now I have more than I need to live on with my pension.

: Before I came here, I had no feelings. I didn't laugh or cry, just like a piece of wood. I made this move only for my daughter, not for myself. I had no hope, no future for myself and I didn't expect anything. I cleaned all my garbage before I left so no one will have to clean up after me.

: I had an older sister who was like a mother to me. I don't know if she is still living. We were separated during the war. There were five children in my family.

: I wonder why old people struggle with houses and furniture. All they need is this place. I helped build my own house in the east but I left it all and it was the best thing that ever happened to me.

: Too much togetherness in a family is not good.

Profile 8 **age: 89 years**

: Icame here from Sherbrooke, Quebec originally and moved to Alberta in 1909.

: I have six children from my first wife and six children from my second wife and they're all bilingual. Four of my boys live here in Edmonton and two daughters.

: My wife and I used to live in a senior's lodge in Falher but you always had to eat whatever was served. Here we can make what we want to eat. The building was nice but not the food.

: This is the best residence for seniors in Canada. We've been here 3-1/2 years. We moved in before it was finished. As soon as I saw this place, I knew it was perfect for us. I wanted to be on the bottom floor with access to outdoors which is exactly what I got.

: I don't go visit the others in this place. If I see someone, I speak to them but we don't visit back and forth. Everybody is friendly in this place. The all say hello.

: We have a bank here, a pharmacy, a library, a nurse and a doctor. We have everything here. I looked elsewhere in Edmonton but this is the best. When I leave here, I'll be dead.

: I'm a very nervous person and my doctor has told me to remain quiet. When we have company, we always take them to the cafeteria rather than cook here.

: My wife just had a cataract operation and I have to take care of her. She's in a lot of pain.

: My children talk to us every day. They take us anywhere we want to go. They are very concerned.

: I have some old friends that live in this residence but we don't socialize anymore. I know almost everyone by their names.

: I've had a colostomy for 20 years because of cancer and I've talked to others about it who have had the same operation. I like to help others in here.

: I have no income and my rent is subsidized but we have plenty from our pension checks to live on.

: I feel very safe here. We've never had any intruders.

: The closest people to me are my children. They're all coming for my 90th birthday. I can phone them whenever I

want and if I don't call them they pnone me. They take good care of me because I took good care of them.

: I can't participate in any of the activities here anymore. I can't even attend the elections for the tenants association because of my health.

: My wife only speaks french and sometimes the french-speaking women come and have coffee with her.

: I like history and I'm sorry I never took notes about the history of Alberta. I've lived here for over 75 years.

: When we moved in here we gave all our possessions away to our children and bought new furnishings.

: In a crisis or at any time I needed help, I would call my children. They always come even without our asking.

: There is no better place than this to have as a home.

Profile 9 **age: 82 years**

: I've lived here for 3-1/2 years. I have found that the residents change very fast here.

: I was a Belvedere home before but I didn't like it because of the people. There were a lot of crabs there. I've had no troubles or difficulties here.

: I don't join social groups because physically I'm not in good condition. My hearing is bad and my knees give me a hard time.

: I'm a bachelor. I've always been a bachelor. I do a lot of reading and I have a piano that keeps me out of mishief. I also play solitaire.

: I go out about every two days. I go to the store and get my own groceries and do my own cooking. I travel by bus.

: I've met a lot of people here but I don't socialize with anyone. We keep ourselves secluded with our doors locked. Some newspaper men and so on can get very viscious.

: I was a janitor withthe Sisters of the Precious Blood. I worked till I was 75. I came to Edmonton in 1953. Before I lived in Onoway. I ran the farm with my mother but after her death I couldn't keep it up anymore.

: I consider this my home now and it will be my permanent residence. I'm pretty independent here. I don't depend on anyone else. We have the old age pension and they are very generous. I do all my own cleaning and cooking.

: If I had an emergency, I would call security in this building.

: I don't bother with anything that is organized here or anyone else.

: I keep very strict hours and a very regular schedule. I took piano lessons a while back and I have enough knowledge to amuse myself. I practice piano 2-1/2 hours per day. My days are filled from 5:30 a.m. to 10:30 p.m. My devotions take quite a bit of time. I can't go to church anymore because my knees are so bad so I do what I can here.

: I see the doctor once a year for a check-up. We have a nurse downstairs if we need her. She checks my bloodpressure occasionally.

: I think I'd recommend this place to others. There are a lot of activities and services here. There is the pharmacist, the bank and the nurse. For me, there is quite a

bit of noise from the atrium but you have to put up with some things.

: I have a sister in Victoria and a nephew here but I don't see him. My sister is 80 and her husband is 92. We don't visit each other anymore. Last time I saw her was two years ago.

: I have three cousins in California -- two of them are priests. I write to them both quite often.

: I speak to people in the hallways. Everyone is quite friendly. I have no complaints about this place.

Profile 10 **age: 74 years**

: I've lived here for three years.

: I would consider this my home.

: I was the pastor in a parish for a number of years. I worked for the Salvation Army in the Boyle Street area before I moved here.

: After I retired, my brothers and sisters wanted me to return home in Ottawa. I moved for 18 months but I didn't like it. I reserved a place here and as soon as I got it, I came back to Alberta. Even though I have no family here, I like it better.

: The rent is very high here but otherwise it's a good place to live. I know what it's like to live in an apartment. You're lonely with no one to talk to but here it's different. You can meet people, talk and have coffee. We go out together a lot.

: I participate in all the activities here and use all the facilities. It keeps you very busy.

: When you get away from home for a long while you get used to it. It's alright to go home for a vacation but when I lived with my sister I got so depressed. I'm glad to be here. I'm independent and I like to do things my way.

: Newcomers would be made welcomed. Whether they participate in the social activities or not is their own choosing. You can't be bored unless you choose to be bored. Some people here you don't see at all. They never come out of their apartments but those who come down for coffee are very friendly.

: Emergency facilities here are excellent. There is always someone you can contact for help.

: In the beginning, I stayed to myself a lot but now I socialize more. I would have liked to move to Kenora's Seniors Residence but the waiting list is too long. The rent here is very high and the rooms are small but it's alright. Until they throw me out of here, this will be my home.

: I would recommend this place to anyone who has money. It is well located and the subsidized suites are excellent but I don't qualify.

: I don't run for office on the tenant's association committee because I like to decide what to do with my time and not be committed to any groups. I've done that for long enought. Now I'm only committed to myself and I like it that

way.

: I'm very active. I travel around by bus mostly but I do have a car.

: This is an excellent place to live if you can afford it because the services are outstanding and it's very clean.

Profile 11 **age: 76 years**

: I've been here just over a year. I lived in an apartment before but because of my health, it was suggested that I move here. I dind't cook for myself or take care of myself very well.

: It's a bit noisy here but I've adjusted to it. Since I've come here, I've been sleeping much better.

: I have one child of my own, a step son and an adopted daughter. My adopted daughter lives close by but I don't bother them. I want to be independent. If I get too lonely, I just bake for my grandchildren.

: I don't play any of the card games here because they're too serious. I'm not allowed to exercise because I've had some of my bowel removed. They've also taken out a piece of my stomach but I can eat almost anything now. I'm healthier than I ever was.

: I've lost weight recently because I was worried about my brother who had two strokes recently. He lives in Victoria and he's married to a nasty woman. I just got back from visiting him for two weeks and I couldn't stand being there.

: I have two brothers and a daughter in Vancouver. My mother raised my daughter because I was only fourteen when I had her. I was raped.

: Everyone is very good to me here. Some people don't like it but I think it's excellent.

: I've been with young people most of my life. My older friends have all died now except one. Now my friends are all younger.

: My life was very full with my husband. He passed away in 1972. We didn't belong to any groups then and I don't now. I'm quite happy. Lots of times, I don't go to bed till 2:00 a.m. and get up at 10:30 a.m. I like it that way.

: I talk to the ladies here and I go to the birthday parties every third month but m y social life is outside the residence. I go downtown at least twice a week.

: I've had a lot of trouble with my daughter. She's been married twice and divorced twice. We don't get along that well. She criticizes too much. She asked me to live with her when my husband died but there's no way. I couldn't stand it. She's 62 and lives in Vancouver. She visits about twice a year.

: I feel very secure, at ease and safe here. In my other

apartment, a man broke in and I almost got murdered. The management and security here is excellent.

: I like to do things my own way. I won't leg anyone push me around anymore. My grandchildren help me a lot when I need it but I like to do things my own way. My son-in-law invited me to live with them but I said no thank-you. I like to do what I want. After 45 years of doing what others say, now I can do what I want. I rarely feel lonely. Sometimes late at night when I'm watching television.

: You don't have to be lonely here. I stay in at night because I chose to.

: I don't get involved in the organization in this place.

: In a crisis I wouild call the building security or even the priest here.

: The rent here is a bit high but I would recommend this place to anyone. I wouldn't want to have to leave here. If there is someone I don't like I avoid them. The residence is conveniently located. When I have to go to the doctor's office or wherever I take the bus.

Profile 12 **age: 59 years**

: Iwas one of the first to move here 3-1/2 years ago.

: Originally, I requested any apartment because I was afraid I wouldn't get in. They gave me a bachelor suite overlooking the atrium on the fourth floor. I didn't like it very much because I couldn't get any fresh air. The last time I was in the hospital my family made arrangements to move me into this one bedroom suite with a balcony. My emphysema was so bad I didn't think I'd ever come out anyway. Now when I leave here they'll take me out feet first.

: I have to be on oxygen at all times but I've adapted to that. I can't even get my own groceries now. When you lose your independence it 's discouraging but I cope.

: I have two children who live nearby. My son is divorced and his wife and children live in Ontario. My daughter is wonderful. She sorks four days a week and on the fifth day she comes to do my housework and shopping. She's exceptionally hard working and efficient. Every person should have a daughter like her. I followed my daughter every time she moved from Ontario to Thompson, Manitoba and then onto Edmonton. My son moved out here as well but he works for the mines and he's out of town a lot.

: I used to live with my daughter when I first moved here. Finally, I got a job and moved into an apartment.

: In an emergency, my daughter is the first one I would call.

: I have very many friends here. You could live in an apartment for ten years and not know your neighbors but here it's different. Everyone is so friendly. You speak to everyone you see whether you know them or not. My neighbor gets my mail and empties the garbage every day.

: The other day, I was feeling down in the dumps and my neighbor inspired me. I was feeling useless and she told me I shouldn't be so selfish. I should think of others who get the opportunity to do good deeds for me. She's one in a million.

: One of the reasons I moved here is the church. I couldn't go to mass before. You don't have to be Catholic to live here. It'S a non-denominational organization.

: Agnes, my neighbor, is my closest friend in St. Andrew's Center but I have other friends. I can't get around so they come to see me. They even bring me meals.

: I'm alone but I'm never lonely. I pray a lot and I feel

content and at peace. It won't be long before I die but I'm almost looking forward to it. I always said that when I lost my independence, I didn't want to be here anymore. I'm not scared of death. Once in a while I feel sorry for myself but I get over it.

: I never go downstairs to socialize because physically, I can't take it. I'd rather have people come here anyways because I'm attached to this oxygen tank.

: Every now and then I have to go to the hospital for treatment. When I have an attack, I call the ambulance immediately. I don't even have time to call my daughter.

: The people here couldn't be more supportive. It's a great place for everyone. Everyone seems to care about everyone else. It's the closest thing to heaven without dying. I'd recommend this place to all seniors. I didn't even have a giving up personal belongings to move in here.

: I watch television and knit continuously and I'm thankful I can do that.

Profile 13 **age: 88 years**

: Living here is like living in heaven. I've been here for over three years in the same suite.

: My wife is in the hospital with Alzheimer's disease. I've been alone now for three months. You have to adjust to it. Last year we celebrated our 66th wedding anniversary.

: We have ten children, a total of 105 grandchildren and greatgrandchildren and six on the way. Five of my children live here in Edmonton and five in Saskatchewan.

: My wife and I used to spend every winter in Phoenix and the summer here.

: My children are always available to assist us. They visit their mother every day. My wife's body is healthy but her mind is almost gone. This has been going on for five years now.

: We used to play shuffle board every day and I play pool for about two hours per day. We always attended every event here but it's not like down south in the mobile home community. There everyone was looking for leisure and entertainment. Everyone participated in everything. We had ballroom dancing and pot luck dinners weekly. This place is great. We have all the facilities necessary including a church but the people are not sociable the way they are down south. In the evening recreation period there are never more than 22 people out of a possible 350.

: There are too many women here and not enough men.

: A good many people here have never travelled and it's difficult to converse with them.

: I'm very healthy. I drive my car everywhere. I've learned to cook well for my wife and I eat healthy food. So many people don't take care of themselves and even when you try to tell them, they don't listen.

: They have asked me a number of times to be on the tenant's association committee but I've served all my life on committees and I feel I've done my share.

: Our best friends don't live here. They live in an apartment near here.

: After moving here, we kept our home for one year in case we didn't like living here. But we sold it because we liked this so much. The suites are poorly designed though. The bachelor suites are almost impossible to live in and there is very little natural lighting in this place. I would

really like to design a senior citizen's residence. I wish the provincial government would ask me.

: This is the only place with all the facilities available at your doorstep. I recommended this place to friends of ours and they've made an application.

Profile 14 **age: 86 years**

: We've lived here for one year now. Before we lived in our own home in Calgary. We reached the point where yardwork became too much for us.

: Two of our children live here so we moved to Edmonton. They're established here and have been after us to move here. Our third child lives in New York.

: Our children looked around a number of places with us before we moved here. This one suited us best. We have a beautiful suite with a balcony and fresh air.

: We don't play cards here because they're too serious, but we attend musical concerts. We don't socialize other than that.

: Our close friends live outside the residence. We have a couple of friends living here but most don't. We are very close to our children and grandchildren.

: The best thing we ever did was move here. We feel totally safe and have no worries.

: We belonged to a senior citizen's group in Calgary and got quite involved there. We did some resarch and found that it was best to stay in your own home as long as possible. We sure agree with that.

: We didn't find it difficult to give up our possessions. Everything we were really attached to we brought with us.

: There are many people living here and all are very friendly.

: There is a very good security service here which we would call in an emergency. We can always depend on our family for assistance.

: There are very few married couples living here. They tend not to worry so much about married people because there are two of you.

: We don't drive anymore. We travel by bus and taxi to get our groceries and go to appointments.

: We are very fortunate that neither of us have major health problems. My wife had a cataract operation and our daughter came in daily to care for her.

: We walk every day to stay in shape.

: Before you move into a place like this you should look

around to see what you can afford. Lots of people complain about the rent here. Some units are subsidized. If not, it can be fairly expensive but we have many facilities right here in the building. We are very comfortable here and couldn't be better off. We even have a whirlpool and exercise room. When you look at the conditions some old people live under, it's appauling. They even have a few suites which you can rent for your guests in the residence.

Profile 15 **age: 69 years**

: We've been here for three years now. Before that we were in Kelowna but we didn't like it. It didn't feel like home.

: We had four children but one died in a car accident. Two of our children live here in Edmonton. We see them two or three times per week. Our grandchildren are still quite young and they visit often. We let them run around downstairs in the atrium. They're very welcome here.

: We participate in some of the social events here but we don't play cards. We attend meetings and vote when there are elections.

: I wouldn't be able to stay alone when my husband goes into the hospital if we lived in our own house. The tenants here are very friendly and concerned for one another. The monitor system we have here is excellent.

: The rent is very high though. If it goes up higher we won't be able to live here. We don't qualify for subsidy.

: We really like our apartment except for the lack of natural light.

: You could depend on anyone here to help you out. People would drive me over to the hospital when my husband was ill.

: We don't have real close friends living here because we like to keep our distance. Our friends are mostly members of our family like brothers and sisters. They are the ones we would contact most often and of course our children. We are very close to our family. Our daughter found this place for us while we were living in Kelowna. The children didn't like us living that far away.

: We liked this place as soon as we saw it and moved in the moment it was available. We haven't regretted it for a minute.

: We've recommended this place to people who moved in and liked it as well.

: I don't think that having your own home is the best thing after 65. It's too much work and you're not safe.

: In an ordinary apartment building no one talks to you and it's very lonely. We go downstairs for coffee and within fifteen minutes other people join us.

: The British people are very "clicky". They tend to stick together. But everyone else mixes. The atmosphere is great.

Profile 16 **age: 74 years**

: I've lived here for sixteen months. Before I lived in an apartment but it was so lonely and isolated. I'm very happy since I moved here.

: I came to Edmonton because of the climate and because my son was living here. That son moved back down east but I decided to stay here.

: I've been living alone for 18 years. I had five boys but only four are living. They all live in the east. I go to my children's homes for all the holidays and I visit my sister down east once a year.

: I keep myself very busy. I play bridge and belong to the Self-Starter Club. I play cards here twice a week and bingo twice a week outside the residence. I'm used to being on my own so if no one else is going, I go by myself.

: I've had arthritis quite badly but other than that I'm very healthy.

: After my husband died my children were constantly around me and I was spoilt. The second year they quit coming as often because they had their own lives to live. I decided then to make my own life. Today, I do what I want and I like it very much. I do crossword puzzles and read a lot.

: When I first moved here, I was welcomed right away. I belong to the Honky-Tonk band and we have many engagements. There is no reason to feel lonely here. If you do it's your own fault.

: I don't know my close neighbors. I go meet people downstairs.

: No one bothers you if you don't want them to. You can have all the privacy you want. The apartments are soundproof. I could probably find an apartment that is cheaper but it is worth every penny to live here. The cafeteria is so convenient as well as all the other facilities like the library, bank, pharmacy and whirlpool.

: I'm a member of the tenant's association and I always participate. Our elections weren't much because everyone was elected by acclamation. It's always the same problem. No one wants to get involved.

: In an emergency, I would call my good friend Georgie. She is much younger than me and I call her my adopted daughter. I have friends living here in the residence as well.

: We have a number of security measures here; the monitor

system, the vial of life and a security phone number.

: The facilities here are excellent. We have the church which is attached to the building. The laundry facilities are very good. You can always find things to do to keep yourself busy. I've found myself a scrabble player and I love doing that.

: I travel around by bus and go out every day. I bowl two days a week during the winter. It would be easy to be lazy and stay in every day but I make sure I go out often.

: I feel very safe here. I never worry about intruders.

: I would never move back down east. I'm very independent and my health is better here. I don't want people to watch over me all the time or be a burden. I hope I have a sudden death.

: I consider this my home for life unless the rent becomes prohibitive I would recommend this place to anyone but you make your own life. If you want to be active you can be. If you're lonely and never go out it is because you chose to. We're so fortunate to grow old now. We are well taken care of. Besides that, my children send me mad money every month.

Profile 17 **age: 83 years**

: I've lived here for three years.

: Two months ago I broke my foot and that has really slowed me down.

: I have four children, three girls and a boy. The girls live in Edmonton and the boy lives in Grand Prairie. He's almost retired.

: I have no troubles; my children are close by. I have nine grandchildren and five great grandchildren.

: I lived with my daughter for a while but then I got this idea that it was better for them to live on their own. So I made an application here and got in right away. No one was more surprized than myself when they phoned me. They gave me the idea that if I didn't take it then, I wouldn't get it so I took it.

: I've been a widow for fifty years. I worked for the federal government for 25 years. I retired in 1965. Even now when they have dinners or get togethers, they always invite me and I always go. I enjoy it very much. It makes me feel special.

: My daughters live about ten minutes away. Someone always takes me shopping. Anything I want, I get. I don't want for anything. I'm not lonely because I have my family. I go out at least twice a week for dinner in their homes.

: I have a lot of acquaintances here and a few close friends and we all check up on each other.

: I keep my door open. I don't like locked doors. The security is good here. I had never lived alone till I moved here but I adjusted right away.

: The rent here is too high but you get all the fringe benefits that you can't get elsewhere like the pharmacy, the library and the cafeteria.

: I can only see shapes so I use talking books provided through the library. I also have a heart condition so I can't use the whirlpool or other facilities.

: The people are extremely friendly. Of course we have our queers but most are wonderful. The women are very gossipy but that's normal.

: I used to have coffee downstairs but very seldom now. I go to the free enteretainment they provide and that's all.

: The food in the cafeteria is not good and that's about the only complaint I have. I do most of my own cooking so I don't use the cafetereia. My daughters make up T.V. dinners for me which is nice.

: My closest friends live outside the residence. We meet at the church or the community league. I can't be active because of my sight problem but I like to try and be as independent as possible. I go to appointments on my own by asking bus drivers what the numbers are.

: In a crisis I would call the security in the building if I'm able to dial. You can have all the security you want but it will never be perfect. Witht he monitor system and other security measures we have, it's the best you can do.

: I feel that this is my home now and I would recommend this place to my best friend. I think it's exceptionally good but you pay for it.

: I have a great deal of difficulty cleaning my apartment. I've tried the home care program but it's never been satisfactory. You can't get good help. Thank goodness my granddaughter helps me.

Profile 18 **age: 68 years**

: I've lived here for two years. I had to take a bachelor suite at first then later I got this one bedroom. It was a shock moving here from a house but I adjusted quickly. I like it now.

: I go out and walk every day to keep myself in shape.

: I've been elected treasurer of the tenant's committee. You can't really keep out of it. They always ask you to participate.

: There are two extremes here; those who are very active and those who never participate. The couples tend to keep to themselves and a few people are beyond the stage of caring for themselves. They should move to a nursing home but the waiting lists are long.

: I have one child and we talk to each other almost every day. We see each other twice a week which is as much as I like. I love my grandchildren but at my age they tire you out quickly. I enjoy visiting them but at my age they tire you out quickly. I enjoy visiting them but I like to come home too. They visit me here quite often and I keep toys for them but I like short visits.

: I drive and get my own groceries and do all my own shopping. I only live ten minutes from my daughter's house. She and her husband take good care of me. Whenever I need any help, I just ask and they're always available.

: You have to make an effort to get to know your neighbors here, because they keep names anonymous. The mailbox numbers are coded so you don't know who lives where. You have to go out of your way to know people.

: I always have a lot to do here so I don't go looking for things to do very often. I have to keep track of where all the money is spent. This is my specialty and I enjoy doing it. It's interesting for me.

: I'm young compared to some people living here. I have about five cousins living in here; two by marriage and three by blood. I lived in this area as a young boy so I know it quite well.

: We have good security services. In an emergency, I would call the emergency number in this building and then get in touch with my family. It's well organized here and the services are excellent. We never have fire drills though.

: I don't cook for myself so I eat in the cafeteria every day. It isn't excellent food but it's wholesome. They don't

prepare it very well. The cafeteria was the reason I chose this place. I got fed up cooking for myself.

: I don't expect I'll ever move again unless I move in with my daughter or into a nursing home.

: I wouldn't recommend this place to anyone who has the capacity to run their own home. They shouldn't move until they can't do their own yardwork and so on.

: You have to adapt to living away from your family and amongst strangers. It's a big transition.

Profile 19 **age: 70 years**

: I've lived here for three years now.

: I've been active in the social life ever since I moved here.

: I've been a widow now for eight years. Before that I taught school for 33 years and I was always an active person. My husband and I also had a store.

: When I first moved here, I would look out at those rails and feel like a lion in a cage. It was hard to give up my house but now I love it here.

: It was an adjustment to move to a senior's home because I'm so active. When I look at others who are crippled, I'm so thankful for my health.

: I'm not active outside the residence because I'm so active within it. Actually I've been too involved and now I'm going to slow down and get more involved with my family.

: I hate to go out of the residence because of the travelling. I drive my own car but I'm not used to city driving. The conditions have to be just right.

: We have a lot of facilities here but we pay for it. The cafeteria is handy but the food is poor. I go there for coffee. It's a real meeting place. I even met a nice man there.

: We've formed a nice group here and we go out often together.

: It's difficult for anyone who has lived in their own home to adjust to living here. In the winter, I was having trouble shovelling snow and in the summer the yardwork was too much. After a lot of thinking I decided to move. Because I was originally from near here, I decided to move back closer to my home. I have sisters and brothers and a daughter living in Edmonton. I had to adjust to living in a big city.

: I have four girls and no boys. Two are in Peace River, one here and one in Vancouver. I have two sisters and a brother who live close by. I have a lot of old friends living here as well.

: At this stage I rely more on siblings and friends than on children. My daughter phones often but they're at a busy time in their lives. I'm just as busy as they are.

: If you want, you can be too active in here. We just got

back from a bus trip. We organize groups and go out to senior citizen's activities throughout the city. They treat the seniors very well. We get all types of free activities. I hope our children reap as much as we have. We were born at the right time.

: We seemed to have formed a close group in here and we sometimes wonder if it is right. But we're active and we enjoy ourselves.

: My neighbors are not necessarily my best friends. There is no visiting between suites here. We meet for coffee downstairs. I have bridge parties here sometimes but downstairs you find out what is going on. You don't if you stay in your apartment.

: No matter where you go, you'll find people who are loners and they want it that way. If you want to meet people, you have to go half way. Youn just don't sit back because you might sit back a long time. We've tried to get people involved but even when we have free entertainment we only get 75 people maximum. Even when we phone to invite them. Some people are just involved with their families and they like it that way.

: I consider this my permanent home now. I've looked and found a number of nice suites, but no other residence has these facilities. It would be hard for me to leave my friends now too. The rent is getting very expensive. I have the money but I don't like to spend it all on rent.

: When you suffer through hard times the best thing to do is to stay active. I went right back to work after my husband died. My neighbors helped me a bit. I cried on many shoulders.

: When I moved here I had a lot of adjustments to make. I lost my husband, retired and sold my house. There were many changes. Now I dance again and even go out with men. I had a lot of faith and the Lord helped me.

: My health is very good which is a help. I worried a lot about my children and their families at one time but then I realized that worrying didn't do any good. I found out that if not too close to your children it 's better. You don't have to know what they're doing all the time.

: I think this is the best way for elders living alone to live.

: When you send your parents here to live you have to know that they can take care of themselves. You can't depend on the neighbors to take care of them. We have a lot of security precautions but you can't depend on your neighbors

to look after you.

Profile 20 **age: 77 years**

: I've lived here for three years.

: I lived in a high rise before I came here where I was the manager.

: It was my wife who decided to move here before she died. She must have sensed the end was near.

: My son is very busy but he drops in almost every day to make sure I'm still alive.

: I have a lot of friends living here. Somebody drops in every day. I appreciate that.

: Every day, I go downstairs to have dinner in the cafeteria. My legs aren't good anymore so I can't go out to get groceries.

: I don't visit anyone outside my son and his family.

: I didn't find it a big adjustment to move here. My daughter-in-law picked out this suite so we had nothing to do but move in.

: I have a stamp collection which keeps me busy. My sister in Ottawa is always sending me stamps. I do quite a bit of reading and I have a stereo and television.

: I have no siblings here. I have a brogher in Victoria whom I see about once a year.

: Before my wife died the boys in Ontario would visit more often.

: I don't like to play cards so I don't join the card groups. I'm contented to stay in my suite and have friends drop in.

: The people are freindly here and I consider this my home.

: I could always go to neighbors if I needed help. I fell unconscious a while back. I don't remember who found me.

: My neighbor used to make muffins and bring them over. I miss that now.

: Everything we need is offered here. I'd never move out. I feel very much at ease here.

: I've made all the arrangements for my death and I'm prepared for it.

APPENDIX C

Significant Statements

APPENDIX C: Significant Statements

1. I spend alot of time taking care of an older neighbor of mine.

2. My neighbors check on me regularly and I can depend on them whenever I need assistance.

3. It is difficult for seniors to get good help to do housework or other maintenance work.

4. You cannot depend on the other residents here to care for you. We all help each other but you have to be able to help yourself.

5. I visit my children and speak to them on the phone regularly.

6. When I have personal problems or require personal assistance, I call my children.

7. My children take good care of me. They'll do anything for me and get me whatever I need.

8. My children wanted me to move here because they were worried about me.

9. My family members are my closest companions.

10. On the whole, families are very attentive to their senior members.

11. Living with your children is extremely difficult. Too much togetherness in a family is not good. I like to visit but it's also nice to come home.

12. I don't want to be a burden on my family.

13. We used to live in a retirement resort but moved here to be close to our children.

14. Grandchildren are made to feel very welcome in the residence when they come to visit.

15. I have a bachelor suite and would like a one bedroom with a balcony.

16. I remained in my home for a while after my spouse died. The work became too much for me so I sold the house.

17. I chose Edmonton because it was central for my children.

18. Living in an ordinary apartment is too impersonal and too lonely.

19. I would recommend this place but I would caution them that the rent is high.

20. I consider this my home now.

21. I had difficulty giving up my personal belongings. There is no room for them here.

22. We have many services here: a church, library, bank, pharmacy, beauty salon, cafeteria, whirlpool, games room, doctor, nurse, dental mechanic and underground parking.

23. The residence is kept in excellent condition.

24. There is no better place than here for seniors to live.

25. I never wish to leave here, till I die or go to a nursing home.

26. I often eat in the cafeteria because it's difficult to cook for one and boring to eat alone.

27. It would be dangerous for me to live on my own.

28. I've enjoyed not having the responsibility of a yard and a home.

29. I moved here for the convenience.

30. It's best to stay in your own home as long as you can handle the work.

31. I think this is the best way for single elders to live.

32. We lack fresh air here and it can get very warm. There is also a lack of natural light.

33. It was difficult to adjust to living here initially.

34. When I go out, I travel by bus.

35. The reason I sold my car is that I didn't want to be a taxi service for everyone. I miss it very much, especially on Sunday, but it was a very wise thing to do.

36. I travel by bus mostly but I do have my own car. I'm very active in the residence. I'm involved in keep-fit classes, whist, library duty and the "honky-tonk band". This place can keep you very busy if you want to be.

37. I'm very active and I believe that if I stop, I won't get started again.

38. My health has been a handicap for me. I was active when I was healthier.

39. I keep myself busy with individual activities such as reading, writing, watching television, playing solitaire, working on hobbies or doing crossword puzzles.

40. I force myself to go out every day. It would be easy to be lazy and stay in.

41. You make your own life here. If you wish to be active, you can be and if you wish to be alone it's your choice.

42. There are two extremes here; those who are very active and those who never participate.

43. I'm active now and I've always been active.

44. The only social activities I attend are within the residence.

45. To make friends you have to work at it. You can't expect them to come to you. You have to make the initial effort.

46. There are clicks or groups which have formed within the residence.

47. It's difficult to get people to participate.

48. I don't socialize with anyone in the residence because of my health.

49. It's very difficult to get tenants here to participate in social activities. Only one-third came to vote at the annual tenants' meeting.

50. I have many acquaintances within the residence but I don't socialize with anyone.

51. I will sometimes have people in for coffee.

52. My dearest friends live outside the residence.

53. I didn't move here to shut out the world.

54. Newcomers are always made to feel welcome.

55. You can't be bored unless you choose to be.

56. There are too many women and not enough men.

57. You can have all the privacy you want here. No one

bothers you if you don't want to be bothered.

58. There are never more than 25 out of 350 residents who attend the recreation periods.

59. I've been too involved within the residence. I'm going to slow down now and spend more time with my family.

60. We have formed a nice group here and we often go out together. We sometimes wonder if it's right but we sure enjoy ourselves.

61. My close neighbors are not necessarily my best friends. We don't socialize from suite to suite. If you want to meet people you go downstairs.

62. Some people are just involved with family and they like it that way.

63. I don't socialize anymore. I only go out when my son comes to get me.

64. We have a tenant's association and the directors are elected every year. Getting people to run for office is difficult.

65. We had a marvelous president for our tenant's association. We've just elected a new one.

66. I can't attend the tenant's association meetings because of my health.

67. In a crisis, I would call the security service within the building.

68. The security here is excellent. I feel very safe.

69. The government is very generous. I have plenty to live on. We're fortunate to be growing old now.

70. Because of a miracle, I've regained my eyesight.

71. My daily devotions take quite a bit of my time.

72. You don't have to be Roman Catholic to live here. We have monthly non-denominational services.

73. I pray often to the Lord. He has helped me very much.

74. Being independent is important. It's difficult when you have to depend on others. Losing your independence is discouraging.

75. I like to do what I choose and not be committed to any

group or individual.

76. My health is excellent for my age.

77. I've had many operations but they were all successful and today I don't even have to take a pill.

78. Some people in here never leave their suites and they're very lonely.

79. Some old people live under appauling conditions.

80. We have some queers around here but most people are wonderful. The women are very gossipy but that's normal.

81. Some people here are beyond the stage of caring for themselves. They should be in a nursing home.

82. I am a widow. It was difficult to adjust to being alone.

83. I have worked hard all my life and now I'm well rewarded.

84. I'm not afraid of dying. I'm prepared for it.

85. I'm alone but I'm never lonely.

86. Living amongst strangers is a big transition. You have to learn to adapt to it.

87. When you suffer through hard times, the best thing to do is remain active.

88. When you give all your life, it's difficult to learn to receive.

APPENDIX D

Themes

APPENDIX D: Themes

1. Accommodation
2. Security
3. Relationship with family members
4. Interdependence
5. Autonomy
6. Socializing with peers
7. Use of facilities
8. Leadership
9. Health
10. Philosophy of life

APPENDIX E

APPENDIX E: Introductory Letter

Dear Sir or Madam,

I am a graduate student at the University of Alberta presently working on a thesis for a Master's degree. My research aims at describing the quality of life in a residence such as St. Andrew's Center. I am hoping to obtain fifteen recorded interviews for my study and would greatly appreciate your assistance in this project. The information I gather will be used for the sole purpose of writing a thesis and at no time will a name or any other identifying information be released without your consent. Although the questions I am asking are fairly general, confidentiality may be of concern to some of you. I therefore wish to make it perfectly clear that your privacy will be respected at all times. If you are able to assist me, please sign this letter and return it to your manager, Mr. Mitch Collins. I will set up an appointment with you as soon as possible.

Yours truly,
Lorraine J. Breault
University of Alberta

Signature:_____

Room Number:_____

Telephone:_____